

**Sunbeam Daycare  
United Methodist Church**

**221 S. Center  
Viroqua, WI 54665  
(608) 606-3485**

**Enrollment Application Form**

**Name** \_\_\_\_\_ **Age(s)** \_\_\_\_\_  
(child or children's names)

**Parent Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Start date** \_\_\_\_\_

**Circle days child(ren) will attend: Monday Tuesday Wednesday Thursday Friday**

**Indicate the hours child(ren) will attend** \_\_\_\_\_

**If attendance is part-time, are the hours flexible? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Date Enrollment Application returned to Sunbeam Daycare**

\_\_\_\_\_