



Sunny Days Playgroup
117 Brookberry Circle, Chapel Hill, NC 27517

2025 Application Form

Thank you so much for considering Sunny Days Playgroup for your little one!

Please fill out this form to apply, and see the last page for information regarding the application fee. If you have any questions or concerns, or need assistance filling out this form, please let us know and we'd be happy to help!

Child's Name: _____
(First/Middle/Last)

Nickname (if applicable): _____

Birth Date: ____ / ____ / ____

Birthplace: _____

Childcare Needs *(Please check all that apply)*:

Mornings:

- ☐ 2 days / week
- ☐ 3 days / week
- ☐ 4 days / week
- ☐ 5 days / week

Afternoons:

- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Drop-in
- ☐ None

Information About the Family

Tell us a bit about yourselves!

Parent 1

Parent's Name: _____
(First/Middle/Last)

Home Phone: _____
Please fill this in as your main phone, even if a cell #!

Cell Phone: _____
How can we reach you on the go?

Work Phone: _____
How can we best reach you at work?

Email Address: _____

Home Address: _____

Occupation: _____
What do you do for a living, if applicable? If stay at home, just let us know!

Place of Work: _____
Where do you work? If not working, write "N/A".

Business Address: _____
If not working, write "N/A". If working from home, put down that address.

Siblings (Age/School/College/Other):

Is there another parent in the household? *(Please check one)*

☐ Yes

☐ No *(if no, please skip to "Information About Your Child")*

Parent 2

Parent's Name: _____
(First/Middle/Last)

Home Phone: _____
Please fill this in as your main phone, even if a cell #!

Cell Phone: _____
How can we reach you on the go?

Work Phone: _____
How can we best reach you at work?

Email Address: _____

Home Address: _____

Occupation: _____
What do you do for a living, if applicable? If stay at home, just let us know!

Place of Work: _____
Where do you work? If not working, write "N/A".

Business Address: _____
If not working, write "N/A". If working from home, put down that address.

Are the parents living together, divorced, or separated? *(Please check one)*

- ☐ Living Together
- ☐ Divorced
- ☐ Separated
- ☐ Other *(please specify)*: _____

If divorced or separated, who does the child primarily live with? *(Please check one)*

- ☐ Parent 1
- ☐ Parent 2
- ☐ Other *(please specify)*: _____

Information About Your Child

Tell us a bit about our little applicant!

Schools Attended (*Locations/Dates*):

Outside Activities:

Inside Activities:

Hours of Media Exposure:

(*TV/Video/Computers/Etc, Daily & on Weekends*)

Weekdays: _____

Weekends: _____

Please give us any information concerning your child which will be helpful in their experience in a small group setting! *This can include play, sleeping and eating habits, special fears, special likes or dislikes, etc.*

Medical Information

Describe General Health:

Any Known Allergies?

☐ No

☐ Yes

If yes, please specify: _____

Any Medical Conditions?

☐ No

☐ Yes

If yes, please specify: _____

Other Information

How did you hear about Sunny Days?

References:

Application Fee & Signature

Do you agree to pay the \$25 application fee?

☐ Yes

☐ Other, please explain: _____

Please pay the application fee by check or Venmo, made out to Melanie Knox.

Checks can be mailed to:

Sunny Days Playgroup
117 Brookberry Circle
Chapel Hill, NC 27517

Venmo payments can be sent to: @Melanie-Knox-7

Parent's Name: _____ Date: ____ / ____ / ____

Parent's Signature: _____

For Administrative Use Only:

Received & Reviewed date: ____ / ____ / ____

Application Fee (\$25 - non-refundable) paid: ____ / ____ / ____

Melanie Knox
Sunny Days Playgroup