

Enrollment Form: 2010-2011 school year

Check # _____

Child's Name: _____ Preferred name: _____

Age: _____ Sex: M F Date of Birth: / /

Address: _____ City and Zip: _____

Phone Number: () _____ Cell: () _____

E-Mail Address: _____ School District: _____

Mother: _____ ()
Name Place of Employment Work/Cell Number

Father: _____ ()
Name Place of Employment Work/Cell Number

Emergency Contact : _____ ()
Name Phone Number

Other adults authorized to pick up my child:

_____ ()
Name Relationship Phone Number

_____ ()
Name Relationship Phone Number

Please indicate your choice:

2 1/4 Year Old Class (*two years old before June 1, 2010*)

Two days a week, **9:00 - 11:30 am**/\$100.00 per month _____ Tuesday/ Thursday

3 Year Old Class (*three years old before September 1, 2010*)

Two days a week, **9:00 - 11:30 am**/\$95.00 per month _____ Monday/ Wednesday
Optional Friday, **9:00 - 11:30 am** /\$35.00 per month _____ Friday

4 Year Old Class (*four years old before September 1, 2010*)

Three days a week, **9:00 - 11:30 am**/ \$130 per month _____ Mon./Wed./Fri.

Pre-K Class (*five years old before January 1, 2011*)

Five days a week, **9:00 - 11:30 am** / \$195.00 per month _____ Mon/Tues/Wed/Thurs/Fri(am)

Lunch/Bunch (*lengthens the regular class day*)

Lunch Bunch is available to 3, 4 and 5 year olds, 11:30am-2:15 pm on Monday, Wednesday and Friday.

1 day a week/\$50 per month: _____ Mon. _____ Wed. _____ Fri. (chose one day)

2 days a week/ \$90 per month: _____ Mon. _____ Wed. _____ Fri. (chose two days)

3 days a week/ \$125 per month: _____ MWF (**BEST DEAL!**)

I understand Shining Stars Preschool has the final decision in all placements in order to make the classes most successful. I am including a registration fee of \$55 per child or \$95 per family. I understand this fee is non-refundable unless a class is cancelled. All classes are dependent on sufficient enrollment. In addition I understand that one month's tuition is due by August 1, 2010. Tuition is paid a month ahead of time so that the last month to pay tuition will be April.

Parent Signature _____



... In which we 'Shine like Stars' in the universe!" Philippians 2:15

Complete as much information as possible. Please inform the office if any of this information changes while your child is enrolled in the program.

Are both parents living in the child's home: _____ If no, please explain the situation: _____

Other than parents, please list any people living in the household with your child:

Name	Age	Relationship to child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there any other person involved in the care giving of your child? If yes, please explain: _____

Does your child have any fears? _____

Does your child have any allergies? _____

Is your child receiving any special services (i.e. Speech therapy, physical therapy, etc.)? _____

Does your child have any other health problems that might be helpful for us to know? _____

Is your child read to on a regular basis? _____

Do you have any concerns about your child at this point? _____

Doctors name _____ Phone number _____
Address _____

Dentist name _____ Phone Number _____
Address _____

The pink and yellow medical forms must be completed and returned no later than the first day of school. Your child must have them completed to attend class.



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