



Application for Enrollment

Child's Name: _____ Age: _____
First Last

Child is commonly called: _____ Birthdate: _____

Sex: female male Home Phone: _____

Home Address: _____
Street City Zip code

Parents: Father: _____ Cell: _____
First Last

Mother: _____ Cell: _____
First Last

Parent's Marital Status: married _____ separated _____ divorced _____ single parent _____ widowed _____

The child lives with: both parents _____ mom _____ dad _____ other: _____

E-mail address: _____

Name and address of non-custodial parent, if applicable:

Name: _____ Phone: _____

Address: _____

Does this person have permission to claim the child at school? _____

Class Desired:

2 Day Class: _____

3 Day Class: _____

4 Day Class: _____

5 Day Class: _____

FOR PRESCHOOL USE ONLY

Enrollment Date: _____

Fees Paid: _____
Tuition Supply Registration

Class Day: _____

*Classes will be filled on a first come, first serve basis.



Student Health Record

YOUR CHILD'S SHOT RECORDS MUST ACCOMPANY THIS FORM.

Child's Name: _____ Sex: female male
First Last

Birthdate: _____

List any recent illnesses: _____

List any chronic illness/conditions: _____

List any allergies: _____

Has the child been hospitalized in the last 12 months, please describe/explain: _____

List any conditions for which the child may require special treatment: _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In the event of accident or serious illness, I request the school to contact me when time allows. If the school is unable to reach me, I hereby authorize Shining Stars Preschool to contact the physician indicated on the emergency contact form and follow his or her instructions. If the physician is not available, the school is authorized to make whatever arrangements seem necessary.

Name of Hospital: _____

Child's Physician: _____

Address: _____

Phone Number(s): _____

Parent or Guardian signature: _____ Date: _____



Health Statement

Child's Name: _____

Physician: _____

Address: _____

Phone: _____

To be completed by the child's physician.

I, _____, declare the child who's name appears above has been examined by me within the last year. This child is able to take part in the childcare program. I understand that by signing this form I am notifying the childcare program of any individual needs of this child while protecting the health and safety of all children in the childcare program's care.

Vision & Hearing Results: _____

Important Information for the Childcare Program: _____

Physician's Signature: _____ Date: _____

To be completed by parent or guardian.

As this child's parent and/or guardian, I agree to allow my child to participate in this childcare program and declare that the information on this Health Statement is true.

Parent Signature: _____ Date: _____



Consent and Permission Forms

Child's Name: _____ Home Phone: _____

Parents can be reached at these numbers while the child is in school (include area code):

Mother: _____ Father: _____

The following people can be called in an emergency and are authorized to transport my child to and from school:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

I have read and understand the rules and regulations in the guidelines handbook. I agree upon all terms stated therein. I am also aware Shining Stars Preschool does not carry liability insurance.

Parent Signature: _____ Date: _____

Say Cheese!

Throughout the year we will take photographs of the children to share with you. These photos may appear on our Facebook page. We will never put your child's last name on Facebook or tag you to a photo of your child. Please sign below to authorize Shining Stars Preschool to print and display the photographs taken of your child.

Parent Signature: _____ Date: _____