

2009-2010 Shining Stars Academic Preschool Child / Parent Registration Form

Child's Name _____ Date of Birth _____

Address _____

Parent / Guardian _____ Home No. _____

Employer _____ Work No. _____

Hours/Days of Employment _____

Cell No. _____

Parent / Guardian _____ Home No. _____

Employer _____ Work No. _____

Hours/Days of Employment _____

Cell No. _____

Other Emergency Information besides Parent / Guardian

1. Name _____ Home No. _____

Address _____ Cell. No. _____

2. Name _____ Home No. _____

Address _____ Cell. No. _____

Permission for other to pick up besides parents / guardian

1. Name _____ Phone No. _____

2. Name _____ Phone No. _____

Does your child have any allergies or chronic illnesses? Yes No

If yes, explain

Please list any other comments or information regarding your child's behavior or personality that would be beneficial to know:

_____ 2 days a week T TH 9:00-12:00 \$90 mth.

_____ 3 days a week M W F mornings 9:00-11:50 \$135 mth.

_____ 3 days a week M W F afternoons 12:10-3:00 \$135 mth.

Parent / Guardian _____ Date _____

* \$50 nonrefundable registration / supply fee is due at time of registration.