2011-2012Shining 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 $100 mth.

_____ 3 days a week M W F mornings 9:00-12:00 $150 mth.

_____

Parent / Guardian _____ Date _____

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