



2025-2026 Shining Stars Academic Preschool

Child/Parent Registration Form

Child's Name: _____ Date of Birth: _____

Home Address: _____

Mother/Guardian: Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email Address: _____

Father/Guardian: Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email Address: _____

Other Emergency Contact besides Parent/Guardian:

1. Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

2. Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Permission for other to pick up besides Parent/Guardian:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

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

If yes, please explain _____

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

5 days a week M/T/W//TH/F (must be 3 1/2 by 6/1)

8:30 am – 11:30 am

\$390 per month

Parent/Guardian Signature

Date

\$100 nonrefundable registration/supply fee is due at time of registration.

Shining Stars Academic Preschool

Image Information opt-out designation.

IMAGE OPT OUT

Throughout the year, Mercury Gymnastics might take pictures or video and release personal information about our students for promotion. Examples might include but are not limited to:

- Mercury Gymnastics might post pictures of students on our website or Facebook page.
- Students might have their names and photos published in newsletters or advertisement.

If you **DO NOT** want your child's image or information used, check the image opt-out box below.

IMAGE OPT OUT

- ☐ **DO NOT** release my student's picture or information for promotional purposes.

Students Name

Date

Parent/Guardian Signature

Note: The opt-out selection(s) designated above must be signed annually.