

Enrollment Application



Check the days and session to attend (can be any combination of days or session):

- Monday Tuesday Wednesday Thursday Friday 8:45 AM – 11:15 AM
 Monday Tuesday Wednesday Thursday Friday 9:00 AM – 11:30 AM
 Monday Tuesday Wednesday Thursday Friday 12:30 PM – 3:00 PM
 Monday Tuesday Wednesday Thursday Friday 12:45 PM – 3:15 PM

Child's Information:

Child's Name _____
(Last Name) (First Name) (Initial)

Child's Address _____

City _____ State _____ Zip _____ Phone # _____

Date of Birth _____ Sex M F

Parent Information:

Enrolling Parent/Guardian Name _____
(Last Name) (First Name) (Initial)

Relationship to Child _____ Drivers License # _____

Address _____ City/State/Zip _____

E-mail Address _____ Home Phone # _____ Cell Phone # _____

Employer _____ Work Phone # _____ Extension # _____

Address _____ City/State/Zip _____ Work Hours _____

Parent/Guardian Name _____
(Last Name) (First Name) (Initial)

Relationship to Child _____ Drivers License # _____

Address _____ City/State/Zip _____

E-mail Address _____ Home Phone # _____ Cell Phone # _____

Employer _____ Work Phone # _____ Extension # _____

Address _____ City/State/Zip _____ Work Hours _____

Parents Marital Status Married Divorced Single

Primary Residence Both Mother Father Guardian

If divorced, who has legal custody? Mother Father

May the non-custodial parent pick up the child? Yes No

The child will be released ONLY to the people on this application and the following persons:

Name _____
(Last Name) (First Name) (Initial)

Address _____ City/State/Zip _____

Home Phone # _____ Cell Phone # _____

Name _____
(Last Name) (First Name) (Initial)

Address _____ City/State/Zip _____

Home Phone # _____ Cell Phone # _____

Enrollment Application

(continued)



Emergency Information:

Child's Name _____
(Last Name) (First Name) (Initial)

Child's Physician _____

Any allergies or special needs _____

Hospital preference _____

Emergency contact other than parents:

Name _____
(Last Name) (First Name) (Initial)

Home Phone # _____ Cell Phone # _____ Work Phone # _____ Extension # _____

Fees and Agreement:

There is an annual registration fee of \$45 per family due at the time of registration along with the first week's fees. Registration fees are nonrefundable.

■ I agree that I am enrolling for:

One Child

- \$26 for one day a week
- \$50 for two days a week
- \$75 for three days a week
- \$100 for four days a week
- \$125 for five days a week

Two or more children

- \$25/child for one day a week
- \$48/child for two days a week
- \$72/child for three days a week
- \$96/child for four days a week
- \$120/child for five days a week

- I agree to pay a registration fee at the time of enrollment to be renewed each year. This fee is not refundable.
- I agree to pay in advance each week's tuition.
- I am aware that I will be charged a fee of \$5 per day for payments received after first scheduled day of the week.
- I am aware that I will be charged a fee of \$10 for late pick-ups.
- I am aware that I will be charged a fee of \$25 + bank fees for returned checks
- I have received my Parent Handbook, containing additional policies and procedures.

Enrollment Obligation*

After your child is enrolled, the registration fee and forms have been collected and the trimester has commenced, you are obligated for that trimesters enrollment period and fees. A minimum two week notice is required if a child is going to stop attending classes for the following trimester.

* Please refer to the Parent Handbook for full details.

Parent/Guardian Signature _____ Date _____

Directors Signature _____ Date _____

Authorization Form



Authorization For Emergency Medical And First Aid:

I hereby authorize the staff and director, representing Brightest Stars Preschool to give consent for any and all necessary emergency medical and First Aid care for my child, _____, while he/she is in Brightest Stars Preschool's custody.

Preschool Permission:

Permission is given is not given for photography for publicity purposes.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Referral Form

Were you referred to Brightest Stars Preschool? Yes No

If Yes, who referred you? _____

Referring Responsible Party Information:

Name _____
(Last Name) (First Name) (Initial)

Email (optional) _____ Phone _____