

Enrollment Application



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

- | | | | | | |
|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|-----------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | 8:45 AM – 11:15 AM |
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | 9:00 AM – 11:30 AM |
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | 12:30 PM – 3:00 PM |
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | | 12:45 PM – 2:45 PM (K-Club) |

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 _____ Cell Phone # _____

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

Relationship to Child _____ Drivers License # _____

Address _____ City/State/Zip _____

E-mail Address _____ Cell Phone # _____

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 _____

Cell Phone # _____

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

Address _____ City/State/Zip _____

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)

Cell Phone # _____

Fees and Agreement:

There is an annual registration fee of \$50 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

- \$27 for one day a week
- \$52 for two days a week
- \$78 for three days a week
- \$104 for four days a week
- \$130 for five days a week

Two or more children

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

- \$20 per session Kindergarten Enhancement Program

- 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.

Authorization & Signature



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.

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

Acknowledgement of all State of Illinois, DCFS and Brightest Stars Preschool Regulations

I (we) hereby acknowledge that I (we) have read and fully understand and agree to all of the policies, procedures, enrollment guidelines and fees set forth as stated in:

- Enrollment Application
- Handbook*
- Late Pick Up Policy*
- State of Illinois Illinois DCFS Summary of Licensing Standards for Day Care Centers*

*Additional signature pages as required by DCFS

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Directors Signature _____ Date _____