



# Enrollment Application Enrollment Date \_\_\_\_\_

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

Monday  Tuesday  Wednesday  Thursday  Friday **9:00 AM – 11:30 AM**

Monday  Tuesday  Wednesday  Thursday  Friday **12:30 PM – 3:00 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 \_\_\_\_\_ 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 i rst week's fees. Registration fees are nonrefundable.

- I agree that I am enrolling for:

#### One Child at \$30 per day

- \_\_\_ One day a week at \$30 per week
- \_\_\_ Two days a week at \$60 per week
- \_\_\_ Three days a week at \$90 per week
- \_\_\_ Four days a week at \$120 per week
- \_\_\_ Five days a week at \$150 per week

#### More than one child

- \_\_\_ One day a week at \$28 per child per week
- \_\_\_ Two days a week at \$56 per child per week
- \_\_\_ Three days a week at \$84 per child per week
- \_\_\_ Four days a week at \$112 per child per week
- \_\_\_ Five days a week at \$140 per child per week

\_\_\_ WITHOUT or \_\_\_ WITH military/first responder discounts

- 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 i rst 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.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Photography Permission:

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Pest Management Acknowledgement: I have reviewed the pest management policy stated in the parent handbook.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### 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 this agreement as well as the parent handbook. Also including the documents listed below provided in the parent handbook.

Please initial each line:

\_\_\_\_\_ Parent Handbook

\_\_\_\_\_ Late Pick Up Policy

\_\_\_\_\_ Guidance and Discipline Policy (including behavior and transition policy)

Child's Name \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Directors Signature

\_\_\_\_\_  
Date