

Application for Enrollment

Child's Name:	Age:
First La	st
Child is commonly called:	Birthdate:
Sex: female male Home Pho	ne:
Home Address:	
Street	City Zip code
Parents: Father:	Cell:
First Las	it i
Mother:	Cell:
First Las	.t
Parent's Marital Status: married separated	divorced single parent widowed
The child lives with: both parents mom	dadother:
E-mail address:	
Name and address of non-custodial parent, if applical	ble:
Name:	Phone:
Address:	
Does this person have permission to claim the child a	t school?
Class Desired:	FOR PRESCHOOL USE ONLY
2 Day Class:	TOK PRESCHOOL USE ONET
2 Duy Cluss	Enrollment Date:
3 Day Class:	Fees Paid:
	Tuition Supply Registration
4 Day Class:	Class Day:
5 Day Class:	

*Classes will be filled on a first come, first serve basis



Student Health Record

YOUR CHILD'S SHOT RECORDS MUST ACCOMPANY THIS FORM.

Child's Name:		Sex:	female	male
First	Last			
Birthdate:				
List any recent illnesses:				
List any chronic illness/conditions:				
List any allergies:				
Has the child been hospitalized in the last	12 months, please desci	ribe/explain:		
List any conditions for which the child may	require special treatmer	nt:		

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In the event of accident or serious illness, I request the school to contact me when time allows. If the school is unable to reach me, I hereby authorize Shining Stars Preschool to contact the physician indicated on the emergency contact form and follow his or her instructions. If the physician is not available, the school is authorized to make whatever arrangements seem necessary.

Name of Hospital:	
Child's Physician:	
Address:	
Phone Number(s):	
Parent or Guardian signature:	Date:



Health Statement

Child's Name:			
Physician:			
Address:			
Phone:			
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To be completed by the child's physician.			
I,, declare the child who's name appears above has			
been examined by me within the last year. This child is able to take part in the childcare program. I understand			
that by signing this form I am notifying the childcare program of any individual needs of this child while protecting			
the health and safety of all children in the childcare program's care.			
Vision & Hearing Results:			
Important Information for the Childcare Program:			
Physician's Signature: Date:			
To be completed by parent or guardian.			
As this child's parent and/or guardian, I agree to allow my child to participate in this childcare program and declare that the information on this Health Statement is true.			

Parent Signature: _____ Date: _____



Consent and Permission Forms

Child's Name:	Home Phone:	
Parents can be reached at these numbers while the	child is in school (include area code):	
Mother:	ner: Father:	
The following people can be called in an emergency	and are authorized to transport my child to and from school:	
Name:	Phone:	
I have read and understand the rules and regulations therein.	s in the guidelines handbook. I agree upon all terms stated	
Parent Signature:	Date:	
S	ay Cheese!	
	children to share with you. These photos may appear on our ame on Facebook or tag you to a photo of your child. Please rint and display the photographs taken of your child.	
Parent Signature:	Date:	
THE STEPPING-STONE TO A	FULLY PREPARED KINDERGARTENER.	