

CHILD DEVELOPEMENT

How does your child get along with other children? () Excellent () Good () Fair () Poor () Unsure	Does your child have any fears? Y / N If yes, explain: _____ _____ _____
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Does your child have food dislikes or eating problems? Y/N If yes, explain: _____ _____ _____	Does your child currently take naps during the day? Y/N
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Does your child have any physical handicap / impairments? Y/N If yes, explain: _____ _____ _____	Does your child have any allergies? Y/N If yes, explain: _____ _____ _____
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Rates Full Time/Part Time	Ages 3 & 4:	\$895CI/\$795CI MONTHLY
	Age 2:	\$945CI/\$850CI MONTHLY
	AGE 1:	\$995CI/\$920CI MONTHLY

Part Time Hours: Up to 5 hours per day or M/W/F Full Days	Breakfast, Lunch and Snacks are included in tuition fee
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Annual Registration Fee (non-refundable): \$100CI	Annual Facility Fee (non-refundable): \$100CI
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Deposit: Half a month's tuition - applied to Aug. 1, 2023 - Aug. 15, 2023 tuition (forfeit if withdrawn)

Academic Year Age Grouping: Children are placed with their academic school year peers.

CAMERA ACCESS	\$20CI Monthly	Closed Circuit Camera Access - RECORDING OR SCREEN CAPTURE IS FORBIDDEN
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The following items are required for your child's enrollment.	<ol style="list-style-type: none"> 1. Completed and Signed Application Form 2. Copy of Immunization Record 3. Copy of Birth Certificate 4. Photo of Child 5. Proof of Health Insurance 	Notes: UNIFORM SHIRT \$20.00CI - MANDATORY
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YOU ACKNOWLEDGE AND AGREE TO ABIDE BY OUR RULES BY SIGNING BELOW

1. This contract runs through August 15, 2023. Should the facility be closed due to government mandate or natural disaster, half fees are due until we are able to re-open.
 2. In the event of an emergency, I authorize Shining Stars to administer treatment on behalf of my child and to transport my child to George Town Hospital if Shining Stars, at its sole discretion, deems it necessary and agree to hold Shining Stars harmless.
 3. Monthly payments are due in full by the 1st. Late payments will be assessed a \$50CI late fee. Accounts with a balance will be charged a monthly fee equal to 5% of the outstanding balance until the balance is paid in full. Accounts with outstanding balance of more than 1 month are subject to immediate expulsion. I agree to pay all collection costs associated with this account.
 4. I acknowledge there are cameras in the school. Photos of my child may be used by the school for promotional purposes.
- I, the undersigned, certify the above information to be true and correct to the best of my knowledge. I also agree to provide Shining Stars Childhood Care & Education Center with updated information as needed as it relates to my child.

Signature:	Date
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Signature:	Date
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