



## 2019-2020 Shining Stars Academic Preschool Child/Parent Registration Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

**Mother/Guardian:** Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Father/Guardian:** Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Other Emergency Contact besides Parent/Guardian:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Permission for other to pick up besides Parent/Guardian:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any allergies or chronic illnesses? Yes ☐ No ☐

If yes, please explain \_\_\_\_\_

Please list any other comments or information regarding your child's behavior or personality that would be beneficial to know: \_\_\_\_\_

\_\_\_\_\_ 2 days a week T/TH 9:00 am – 12:00 pm \$125 per month

\_\_\_\_\_ 3 days a week M/W/F 9:00 am – 12:00 pm \$175 per month

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

\_\_\_\_\_  
Date

**\$60 nonrefundable registration/supply fee is due at time of registration**