

**CHILD'S APPLICATION FOR CROSSROADS S.T.A.R.S. PRESCHOOL
 REQUIRED: All children must be current on immunizations and the age of the
 classroom by August 31.**

To be completed and placed on file prior to enrollment

Name of Child _____ Sex : M or F
 (Last) (First) (MI)
 Address _____ City _____ Zip Code _____
 Date of Birth _____ Age _____
 Regularly checked Email address _____

INFORMATION ABOUT THE FAMILY

Father's/Guardian's Name _____ Home Phone _____
 Address (if different from above) _____
 Where Employed _____ Business Phone _____
 Cell Phone _____

Mother's/Guardian's Name _____ Home Phone _____
 Address (if different from above) _____
 Where Employed _____ Business Phone _____
 Cell Phone _____

Siblings

Name	Date of Birth	Sex
_____	_____	M or F
_____	_____	M or F
_____	_____	M or F

Religious Affiliation: _____ Church: _____

I give permission for my child's photo to be used for school projects or displayed in the classroom. YES NO
 I give permission for my child's photo to be displayed in the church hallways YES NO
 I give permission for my child to take campus walks with supervision around the church YES NO

INFORMATION ABOUT YOUR CHILD

Does your child have any known health concerns (i.e. allergies, asthma, etc.) No ___ Yes ___
 Explain:

Please give us any information concerning your child which will be helpful in his/her experience in group setting (such as play, eating habits, special fears, special likes and/or dislikes, speech or hearing difficulties)

EMERGENCY CONTACT INFORMATION:

Name of child's doctor _____ Office Phone _____
 Address _____ Zip code _____
 Name of child's dentist _____ Office Phone _____
 Address _____ Zip code _____
 Hospital preference _____ Phone _____

If neither father or mother (or guardian) can be contacted, call (please list relationship)

Name _____ Relationship _____
 Home Phone _____ Office Phone _____ Cell Phone _____

Name _____ Relationship _____
 Home Phone _____ Office Phone _____ Cell Phone _____

In the event I cannot be reached to make arrangements for emergency medical attention, I authorize Crossroads S.T.A.R.S. Preschool Staff to make those arrangements. I give consent for any and all treatment deemed necessary by the attending physician.

 (Signature of Parent)

 (Date)

My child will need to have the following medication(s) at school...please circle

Epi-pen Asthma inhaler Benadryl Other _____ NONE

*Choice	Class	Days	Time	Cost
	2s	M/W	9-12:45	\$160.00
	2s	T/Th	9-12:45	\$160.00
	2s	MTWTh	9-12:45	\$320.00
	3s	TWTh	9-12:45	\$215.00
	3s	MTWTh	9-12:45	\$265.00
	4s/5s	TWTh	9-12:45	\$215.00
	4s/5s	MTWTh	9-12:45	\$265.00
	TK	MTWTh	9:12:45	\$265.00
TK Class: Children must be 5 by October 15 or have completed a four year preschool class.				

**All children must be the classroom age by August 31 and be current on immunizations.
 All fours must be completely potty trained.**

*Register by May 15, 2021 for \$50. After May 15 fee is \$65.

*A 5% tuition discount is offered for semester payments paid in full.

Fall (5months) due by August 2, 2022. Spring (4 months) due by January 3, 2021

*Sibling discount of \$10 monthly Only one discount method per family

All tuition is paid a month in advance and is due the first of each month. September tuition is due August 2.

Activity/Supply fee due also due in August.

2s, \$30 3s, \$35 4/5s, \$50

***Registration fee is nonrefundable unless ALL classes in your child's age group are full.**