

CHILD'S APPLICATION FOR CROSSROADS S.T.A.R.S. PRESCHOOL

All children must be current on immunizations
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, displays or programs. 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 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	9-1	150
	2s	T/Th	9-1	150
	2s	MTWTh	9-1	300
	3s	TWTh	9-1	200
	3s	MTWTh	9-1	250
	4s/5s	TWTh	9-1	200
	4s/5s	MTWTh	9-1	250

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, 2019 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 1, 2019. Spring (4 months) due by January 1, 2020

*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 1.

Activity/Supply fee due also due in August.**2s, \$30 3.s, \$35 4/5s, \$50*****Registration fee is nonrefundable unless ALL classes in your child's age group are full.****STARS Preschool reserves the right to change, add, or combine classes depending on enrollment.**