

# SHINING LIGHTS

## *Early Childhood Center*

For Office Use Only:

CLASS:

DATE & TIME REC'D:

### **Preschool Application**

Date of Application: \_\_\_\_\_ Start Date: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

#### **Child Information:**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Any Known Allergies: \_\_\_\_\_

My child is potty-trained and able to use the restroom independently: Yes No

#### **Billing Account Information:** (Primary parent will receive all billing notices)

Primary Parent's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address (if different from child): \_\_\_\_\_

Employer: \_\_\_\_\_

Secondary Parent's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address (if different from child): \_\_\_\_\_

Employer: \_\_\_\_\_

For security purposes, please state mother's maiden name: \_\_\_\_\_

**Primary Contact Person:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

(This number will be used when additional information is needed during the time your child is present at school.)

#### **Medical Provider Information:**

Physicians Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Release of Children/Emergency Contacts:**

*Please list below those persons who are authorized to pick up your child:*

- 1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_
- 2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

*Please list the designated emergency contacts (if neither parent is available):*

- 1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_
- 2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Registration and Tuition:**

*I am registering my child for:* (please circle the days you are registering for):

Pre-School Full Day:        M T W Th F

**Parent Expectations and Acknowledgements:**

1. Shining Lights admits children regardless of race, religion, color, and national or ethnic origin.
2. I understand that any changes to this schedule must be submitted in writing two weeks before the change will be made.
3. A non-refundable \$125.00 registration fee is required at the time of registration. Family registration fee is \$150.00.
4. A child may not be admitted to attend without a completed Universal Health form on file.
5. Regular tuition payments are expected. All holidays and breaks are factored into our tuition rates. No credits or reimbursements will be issued for days missed for vacations, holidays, weather related closings, or illnesses.
6. If you have any problems making your weekly payment, please contact our office immediately.
7. If at any time a weekly payment is missed, the child will be suspended until full payment is received. Tuition will not be prorated for time missed due to late payments. We cannot hold a child's spot if we do not have a weekly payment.
8. If someone other than the parent pays the tuition, the parent or guardian is responsible for forwarding the payment/invoice to that individual.
9. Children are expected to remain the full year except in unusual circumstances. Two weeks written notice must be given before withdrawing a child from Shining Lights Early Childhood Center. Without this notice you will continue to be charged for your child's tuition.
10. Accounts must be cleared before enrollment to the next school session can be accepted. No student can begin fall or summer session with an outstanding balance.
11. If a check that was submitted for payment is returned insufficient, the customers account will be charged a \$35.00 service charge in addition to any charges incurred by the school's bank.
12. Regular attendance is expected on the days you have signed your child up for. If your child will be absent, please call the office no later than 9:00 a.m. *Please respect our class time and be sure you child arrives no later than 8:45 a.m.*
13. Shining Lights is a peanut and tree nut free school.

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I further understand and agree that I will be responsible for payment of tuition in accordance with what I have signed up for. Any change from what is indicated on this application will be submitted in writing, before the change is made.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDICAL AUTHORIZATION

In the event that a medical emergency occurs; I authorize Shining Lights Early Childhood Center to seek emergency medical care for my child as deemed necessary by the director.

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## BLANKET PERMISSION FOR WALKING FIELD TRIPS

I give permission for my child, \_\_\_\_\_  
to participate in walking trips around the center. I understand that these walks: do not involve entrance into any other building or facility, do not involve crossing Springdale Road, and that the route of the trip involves no safety hazards.

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_