

SHINING LIGHTS

Early Childhood Center

For Office Use Only:

SC Family #

Daycare Application

Date of Application: _____ Start Date: _____

How did you hear about us? _____

Child's Name: _____ Sex: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Emergency Phone: _____

Father's Name: _____ Date of Birth: _____

Father's Social Security #: _____

Cell Phone: _____ Email Address: _____

Address (if different from child): _____

Father's Company Name: _____

Mother's Name: _____ Date of Birth: _____

Mother's Social Security #: _____

Cell Phone: _____ Email Address: _____

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

Address (if different from child): _____

Mother's Company Name: _____

Physicians name: _____ Phone: _____

Any Known allergies: _____

Please list below those persons who are authorized to pick up your child(ren):

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: _____

Program Needed:

Infants
(6 weeks-Walking)

Walkers
(Walking-21 months)

Toddlers
(21-30 months)

I am interested in: (please check all applicable options):

Half Day: M ___ T ___ W ___ Th ___ F ___

Full Day: M ___ T ___ W ___ Th ___ F ___

Registration and Tuition:

1. Shining Lights admits children regardless of race, religion, color, and national or ethnic origin.
2. A non-refundable \$125.00 registration fee is required at the time of registration. Family registration fee is \$150.00.
3. A child may not be admitted to attend without a completed Universal Health form on file.
4. 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 holidays or illnesses. Daycare families are given ten days tuition free to use for vacations or holidays. Notice for use of these days must be in writing two weeks prior to the days requested off.
5. If you have any problems making your monthly payment, please contact our office immediately.
6. If at any time a monthly 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 monthly payment.
7. If someone other than the parent pays the tuition, the parent or guardian is responsible for forwarding the payment/invoice to that individual.
8. 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.
9. Accounts must be cleared before enrollment to the next school session can be accepted. No student can begin school with an outstanding balance.
10. 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.

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.

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 to 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: 1. do not involve entrance into any other building or facility and 2. do not involve crossing Springdale Road; and the route of the trip involves no safety hazards.

Parent/Guardian's Signature: _____

Date: _____