

SHINING LIGHTS

Early Childhood Center

For Office Use Only:

Date of Application: _____ Start Date: _____

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

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

Home Phone: _____ I.C.E. Phone: _____

Email Address: _____

Father's Name: _____ Occupation: _____

Father's Company Name: _____

Work Phone: _____ Cell Phone: _____

Mother's Name: _____ Occupation: _____

Mother's Company Name: _____

Work Phone: _____ Cell Phone: _____

Physicians name: _____ Phone: _____

Any Known allergies: _____

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

Father's Social Security Number: _____

Mother's Social Security Number: _____

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

1) Name: _____ Relationship: _____

Address: _____ Phone: _____

2) Name: _____ Relationship: _____

Address: _____ Phone: _____

3) Name: _____ Relationship: _____

Address: _____ Phone: _____

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

1) Name: _____ Relationship: _____

Address: _____ Phone: _____

2) Name: _____ Relationship: _____

Address: _____ Phone: _____

Program Needed:

Infants Walkers Toddlers Preschool Kindergarten

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

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

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

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

Kindergarten AM Care: _____ - 8:30 M ___ T ___ W ___ Th ___ F ___

Kindergarten PM Care: 3:30 - _____ 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 \$100.00 registration fee is required at the time of registration.
3. A child may not be admitted to attend without a completed Universal Health form on file.
4. Monthly tuition is due on the first day of class and no later than the 15th of the month. All holidays and breaks are factored into our tuition rates. No credits or reimbursements will be issued for days missed for vacations, holidays or illnesses.
5. If you have any problems making your monthly payment, please contact our office before the 15th of the month.
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 \$25.00 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. *Please respect our class time and be sure you child arrives no later than 8:45 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.

Signature: _____ Date: _____

SHINING LIGHTS EARLY CHILDHOOD CENTER
Enrollment Application

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'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's Signature _____

Date _____