

SHINING STARS PRESCHOOL

1881 Bronxdale Ave.
Bronx, New York 10462
718-409-1316

Registration Information

Session: Mon., Tues., Wed., Thurs., Fri. Hours _____ - _____
Child's Name _____ Birthday _____
Address _____ Zip Code _____
Home Phone # _____ E-mail _____
Mother's/Guardian Name _____
Mother's/ Guardian Work # _____ Cell # _____
Father's/ GuardianName _____
Father's/Guardian Work # _____ Cell # _____
Brothers/Sisters _____

Emergency and Medical Information

Child's Physician _____ Phone # _____
Child's Physician _____ Phone # _____
Allergies _____
Medical Conditions _____
Other Concerns _____

Persons to be notified in case of an emergency (other than parents/guardians)

Name _____ Phone # _____
Name _____ Phone # _____
Name _____ Phone # _____

Persons authorized to pick up your child (other than parents/guardians)

Name _____ Phone # _____
Name _____ Phone # _____
Name _____ Phone # _____

OVER →

Authorization for Emergency Care

I hereby grant the authorities of Shining Stars Pre-School to seek emergency medical care for my child _____ if the need is immediate and deemed necessary. It is understood that the school will attempt to contact the above-named student’s parents or guardians to inform them of the emergency and the measures taken. However, such communication is not a precondition to the permission and authorization herein extended to the authorities of Shining Stars Pre-School. In signing this release from liability, I waive Shining Stars Pre-School and their employees. I agree to waive any claim of liable or any other claim for which legal relief is available.

Parent or Guardian Signature

Date

Photo Consent & Release from Liability

I give my consent and authorization to have photos taken of my child for Shining Stars Pre-School’s sole discretion. In signing this release from liability, I waive Shining Stars Pre-School and their employees. I agree to waive any claim of liable or any other claim for which legal relief is available.

Parent or Guardian Signature

Date

Outdoor Activities

I give permission for my child _____ to participate in all outdoor activities, on school property.

Parent or Guardian Signature

Date

School Policies

I understand that tuition is monthly based on a 4-week period. I will be required to pay for any additional weeks throughout the year that my child attended if he/she is withdrawn before June, since June tuition is expected to be paid in full to compensate for the fifth week of certain months throughout the school year.

Parent or Guardian Signature

Date

In signing below, I acknowledge that I have received a handbook from Shining Stars Pre-School which outlines the school’s policies and/or requirements on such instances as dismissal, tuition, medical requirements, an ill child, unauthorized pick up and medical emergencies regarding my child. I understand and agree to these said policies.

Parent or Guardian Signature

Date