

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

To be completed and placed on file prior to enrollment

Name of Child _____ Sex : M or F
(Last) (First) (MI) (Nickname)
Address _____ Zip Code _____
Date of Birth _____ Age _____

INFORMATION ABOUT THE FAMILY

Family email address _____

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
_____	_____	M or F

Insurance Carrier _____ Policy # _____

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)

****CLASS CHOICE:** (Please check)

Choice	Class	Days	Time	Cost
	2s	T/TH	9-12	110
	2s	MWF	9-12	160
	3s	T/TH	9-12	110
	3s	MWF	9-1	175
	4s	MWF	9-1	175
	4s/5s	MTWTh	9-1	210
	4s/5s	Add F	9-1	55

Children must be the classroom age by August 30.
 All fours must be completely potty trained.

Register by March 15, 2010 for \$50. After March 15, registration fee is \$65.

A 5% tuition discount is offered for semester payments paid in full.

Fall (5months) due by September 1, 2010

Spring(4 months) due by January 3, 2011

All tuition is paid a month in advance and is due the first of each month. September tuition is due August 1.

****Registration fee is nonrefundable unless ALL classes in your child's age group are full.
 STARS reserves the right to change, add, or combine classes depending on enrollment.**