

Classroom: \_\_\_\_\_

Registration Fee \$65: \_\_\_\_\_

## 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)  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Family email address \_\_\_\_\_

### INFORMATION ABOUT THE FAMILY

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

Religious Affiliation: \_\_\_\_\_ Church: \_\_\_\_\_

I give permission for child's name, parents' name, address and phone number to be on class list.	YES	NO
I give permission for my child to be photographed.	YES	NO
I give permission for my child's photo to be used for school projects, displays or programs.	YES	NO
I give permission for my child's photo and name to be published in the media.	YES	NO

### 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)

(over)

**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)

My child \_\_\_\_\_ has permission to take campus or neighborhood walks as part of his/her attendance at STARS Preschool.

\_\_\_\_\_  
(Signature of Parent)\_\_\_\_\_  
(Date)

*Choice	Class	Days	Time	Cost
	2s	T/TH	9-12	115
	2s	MWF	9-12	165
	3s	T/TH	9-1	130
	3s	MWF	9-1	180
	4s/5s	MWF	9-1	180
	4s/5s	MTWTh	9-1	225
	4s/5s	M-F, DK class	9-1	275

**All children must be the classroom age by August 31 and be current on immunizations.  
All fours must be completely potty trained.**

\*Register by March 30, 2012 for \$50. After March 30, fee is \$65.

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

Fall (5months) due by September 1, 2012, Spring (4 months) due by January 10, 2013

\*Sibling discount of \$10 monthly

Only one discount method per family

All tuition is paid a month in advance and is due the first of each month. September tuition is due August 1.  
There will be an Activity/Supply fee due in October.

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