

SHINING LIGHTS

Early Childhood Center

For Office Use Only:

CLASS:

DATE & TIME REC'D:

Daycare Application

Date of Application: _____ Start Date: _____

How did you hear about us? _____

Child Information:

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

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

Any Known Allergies: _____

Billing Account Information: (Primary parent will receive all billing notices.)

Primary Parent's Name: _____ Date of Birth: _____

Social Security #: _____

Cell Phone: _____ Email Address: _____

Address (if different from child): _____

Employer: _____

Secondary Parent's Name: _____ Date of Birth: _____

Social Security #: _____

Cell Phone: _____ Email Address: _____

Address (if different from child): _____

Employer: _____

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

Primary Contact Person: _____ **Phone #:** _____

(This number will be used when additional information is needed during the time your child is present at school.)

Medical Provider Information:

Physicians name: _____ Phone: _____

Release of Children/Emergency Contacts:

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: _____

Registration and Tuition:

I am registering my child for: (Please circle all applicable options)

Infants (6 weeks-12 months): Full Days on: M T W Th F

Walkers (12-21 months & Walking): Full Days on: M T W Th F

Toddlers (21-30 months): Full Days on: M T W Th F

Parent Expectations and Acknowledgements:

1. Shining Lights admits children regardless of race, religion, color, and national or ethnic origin.
2. I understand that any changes to this schedule must be submitted in writing two weeks before that change will be made.
3. A non-refundable \$125.00 registration fee is required at the time of registration. Family registration fee is \$150.00.
4. A child may not be admitted to attend without a completed Universal Health form on file.
5. 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 tuition-free days to use for vacations or holidays. Notice for use of these days must be in writing two weeks prior to the days requested off.
6. If you have any problems making your weekly payment, please contact our office immediately.
7. If at any time a weekly 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 weekly payment.
8. If someone other than the parent pays the tuition, the parent or guardian is responsible for forwarding the payment/invoice to that individual.
9. 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.
10. Accounts must be cleared before enrollment to the next school session can be accepted. No student can begin the next school year with an outstanding balance.
11. If a check that was submitted for payment is returned insufficient, the customer's account will be charged a \$35.00 service charge in addition to any charges incurred by the school's bank.
12. 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.
13. Shining Lights is a peanut and tree nut free school. Please pack food accordingly. All food items must be labeled with your child's name and date (infants only) or they cannot be given to your child.

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 with 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: _____