



APPLICATION FOR ENROLLMENT

Please do not leave any information blank. All pages of this application must be completed. This form must be signed by a parent or legal guardian. PLEASE PRINT ALL INFORMATION CLEARLY

STUDENT INFORMATION (Child #1)

STUDENT INFORMATION (Child #2)

Child's Name: (first) (middle) (last)	Child's Name: (first) (middle) (last)
Nickname:	Nickname:
Address: (city) (state) (zip)	Address: (city) (state) (zip)
Date of Birth: / / Sex: Male/Female	Date of Birth: / / Sex: Male/Female

FAMILY INFORMATION

Mother's Name/Legal Guardian:	Father's Name/Legal Guardian:
Address:	Address:
City/State/Zip:	City/State/Zip:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Employer:	Employer:
Address:	Address:
Work Phone:	Work Phone:
Occupation:	Occupation:
Social Security Number:	Social Security Number:
Driver's Licenses Number	Driver's Licenses Number:
Email Address:	Email Address:
Work Hours:	Work Hours:

MEDICAL INFORMATION

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain medical information in the event of a medical emergency:

Doctor: _____

Phone: _____

Dentist: _____

Phone: _____

Hospital: _____

Phone: _____

Does your child have medical problems, (allergies, asthma, diabetes, etc.) or impairments? Yes [] No []
If yes, please explain _____

Is your child under continuing treatment for any medical condition, behavior, or disorder? Yes [] No []
If yes, please explain _____

Has your child previously been enrolled in a Preschool, Head Start, group home, or childcare center? Yes [] No []
If yes, School/Center Name: _____

Location/Address: _____

Please give any information concerning your child that will better inform our teachers and staff of your child's needs and characteristics (playing, eating, sleeping, habits, fears, likes, dislikes, etc.)

CONTACTS

A child will be released ONLY to the custodial parent or legal guardian (or) ONLY the person(s) listed below. AN EMERGENCY PERSON MUST BE INDICATED BELOW. DO NOT LEAVE THIS SPACE BLANK. The emergency name(s) listed will be contacted if the parent or guardian cannot be reached. The name(s) listed below will be the only people authorized to remove the child from the facility in case of illness, accident or emergency. NO CHILD WILL BE RELEASED TO ANYONE WITHOUT WRITTEN PERMISSION.

CONTACT #1

CONTACT #2

Name:	Name:
Relationship to Child:	Relationship to Child:
Address:	Address:
Home Phone #:	Home Phone #:
Cell Phone #:	Cell Phone #:
Other #:	Other #:

DAILY SCHEDULED ATTENDANCE

TIME IN

TIME OUT

Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

PARENT/SPONSOR AUTHORIZATION AND AGREEMENT

1. I hereby desire for my child(children) _____

to attend Little Stars Preschool and Development Center and I understand that enrollment of my child is subject to school policies and procedures and sole and complete discretion of Little Stars Preschool and Development Center.

2. I hereby authorize the staff and administration of Little Stars Preschool and Development Center to give consent for any and all emergency medical care and first aid care for my child while my child is in the custody of said individual. I also authorize the school and its staff to contact or discuss with my child's physician my child's care.
3. I hereby grant permission for my child to participate in all activities including on site field trips.
4. I also grant permission to use photographs and video including video surveillance of my child.
5. I hereby release, indemnify and hold Little Stars Preschool and Development Center, its employees, owners and representatives, harmless from any claims, damages or other liabilities for injuries to or damages by my child which are not a result of gross negligence.
6. I hereby warrant to Little Stars Preschool and Development Center that I am entitled to legal custody of my child and accordingly am authorized to place my child in your care and am further authorized to sign this Enrollment Application.
7. I understand my tuition payment reserves my child's space at Little Stars Preschool and Development Center. To assure quality programming and staffing, I understand and agree to pay my child's tuition even when my child is absent.
8. In the event of withdrawal, I agree to provide written notice at least two (2) weeks prior to my child's last day or pay and additional tuition amount equal to two weeks to enable Little Stars Preschool and Development Center time to notify parents on its waiting list that may be interested in filling my child's reserved classroom space.
9. I agree to immediately notify Little Stars Preschool and Development Center any time my child is sick, on vacation, or absent for any reason and when any member of my family has a communicable disease.
10. I agree to provide at least 5 days notice regarding a change in my child's attendance schedule. All efforts to accommodate changes will be made by Little Stars Preschool and Development Center.
11. I understand that the terms contained herein are subject to change in whole or in part by Little Stars Preschool and Development Center with two weeks' notice and that the school may periodically require this form to be updated.

Please be sure to complete this form and submit it with your non-refundable Application Fee of \$50 (\$10.00 for each additional in same family to Little Stars Preschool and Development Center, 100 Loop Road Fisherville, KY 40023. If you have any questions, please be sure to contact the Director at 502-477-1150.

Print Name: _____ Signature _____ Date ___/___/___

Print Name: _____ Signature _____ Date ___/___/___