**P: 943-7077 / 936-7077**
**Email: shiningstarscayman@gmail.com**
**www.shiningstarscayman.com**
**Hours: Monday-Friday (7am-6pm)**

# Enrollment Application

## CHILD'S INFORMATION

| Last Name: | First: | M.I. | D.O.B |
|---|---|---|---|
| Street Address: | | Apartment/Unit #: | |
| Age: | Gender: Boy /Girl | Home Phone: | |
| Starting Date: | Special Needs or Medical History | | |
| Health Insurance: | Policy Number: | Certificate Number: | |
| Nationality: ____Caymanian ___Non-Caymanian Specify_______ | | | |

| **Schedule:** Drop off Time: | Pick-Up Time: | Part Time: Y/N | Full Time: Y/N |
|---|---|---|---|
| **Immunization Record Provided: Y/N** | Does your take Medication: Y/N If yes, explain | | |
| Other Illnesses: ( ) Chicken Pox ( ) Measles | | | |
| ( ) Mumps ( ) Other | | | |

## PARENT OR GUARDIAN INFORMATION

| 1 ) Name: | Relationship to child: | |
|---|---|---|
| Address: | Employer's Name: | |
| Phone: | Email: | |
| 2) Name: | Relationship to child: | |
| Address: | Employer's Names: | |
| Phone | Email: | |

## EMERGENCY CONTACT INFORMATION

*Please list two emergency contacts.*

| Full Name: | Phone: |
|---|---|
| Relationship to child: | Email: |
| Address | |
| Full Name | Phone: |
| Relationship to child: | Email |
| Address | |
| Name of Doctor: | Phone: |

## CHILD DEVELOPEMENT

| | | | |
|---|---|---|---|
| How does your child get along with other children? | ( ) Excellent ( ) Good ( ) Fair ( ) Poor<br>( ) Unsure | Does your child have any fears? | Y / N<br>If yes, explain:______________________________________________<br>_______________________________________________<br>_________________________________________ |
| Does your child have food dislikes or eating problems? | Y/N<br>If yes, explain:__________________________<br>_________________________________<br>_________________________________<br>_________________________________<br>___ | Does your child currently take naps during the day? | Y/N |
| Does your child have any physical handicap / impairments? | Y/N<br>If yes, explain:_________________<br>________________________<br>________________________<br>________________________<br>________________________<br>____ | Does your child have any allergies? | Y/N<br>If yes, explain:_____________________________________________<br>______________________________________________<br>______________________________________________<br>______________________________________________<br>________________ |

**Monthly Rates**

| | | | |
|---|---|---|---|
| RATES: | **Full Time:** | 7am-6pm | $650CI (Plan A) |
| | **Part Time:** | 7am-12:00pm (5 half days or 3 full days) $495CI | |

| | | | |
|---|---|---|---|
| **Camera Access** | $20CI | Closed Circuit Camera Access | No videotaping or still images allowed. |

## Plan of Choice:

| | | |
|---|---|---|
| The following items are required for your child's enrollment. | 1. Completed and Signed Application Form<br>2. Copy of Immunization Record<br>3. Copy of Birth Certificate<br>4. Photo of Child<br>5. Proof Health Insurance | Notes:<br>**Be sure to bring all the items on the School list.** |

## AGREEMENT AND SIGNATURE

I acknowledge by signing below:

1. In the event of an emergency and the emergency contacts listed above are unable to be reached, I hereby authorize the Administrator of Staff consent to administer emergency treatment on behalf of my child, upon the advice of the attending physician or dentist including transportation of the child to the hospital.

2. Payments are due in full by the 1st day of each month. A $25 late payment fee will be assessed for payments made after the due date and a recurring $25 monthly fee will be assessed until the balance is paid in full. Late pickups are assessed a minimum $25CI fee per late pickup and are due immediately. Furthermore, I agree to pay any and all collection costs associated with this account.

3. I agree to the Centre's policies as stated in the Shining Stars Parent Handbook and acknowledge and consent to my child being videoed for close circuit camera access. No videotaping or still images are allowed. Violation will result in immediate expulsion and possible civil and criminal prosecution.

I, the undersigned, believe the above information to be true and correct to the best of my knowledge. I also agree to provide Shining Stars Childhood Care & Education Centre with updated information as needed as it relates to my child.

Signature: Date