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Hours: Monday-Friday (7am-6pm)

### Nursery 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: <input type="checkbox"/> Caymanian <input type="checkbox"/> 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:

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### CHILD DEVELOPEMENT

How does your child get along with other children? ( ) Excellent ( ) Good ( ) Fair ( ) Poor ( ) Unsure	Does your child have any fears? Y / N If yes, explain: _____ _____
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Does your child have food dislikes or eating problems? Y/N If yes, explain: _____ _____	Does your child currently take naps during the day? Y/N
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Does your child have any physical handicap / impairments? Y/N If yes, explain: _____ _____	Does your child have any allergies? Y/N If yes, explain: _____ _____
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### Monthly Rates

<b>RATES</b> :	<b>Full Time:</b> 7am-6pm	\$725CI (Plan A)
	<b>Part Time:</b> 7am-12:00pm (5 half days or 3 full days)	\$600CI

<b>Camera Access</b>	\$20CI	Closed Circuit Camera Access	No videotaping or still images allowed.
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### Plan of Choice:

The following items are required for your child's enrollment.	1. Completed and Signed Application Form 2. Copy of Immunization Record 3. Copy of Birth Certificate 4. Photo of Child 5. Proof Health Insurance	Notes:  <b>Be sure to bring all the items on the Nursery Items list.</b>
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### AGREEMENT AND SIGNATURE

I acknowledge by signing below:

- 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.
- Payments are due in full by the 1<sup>st</sup> 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.
- 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 Center with updated information as needed as it relates to my child.

Signature:	Date
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