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www.shiningstarscayman.com

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 _____			
<b>Schedule:</b>	Drop off Time:	Pick-Up Time:	Part Time: Y/N Full Time: Y/N
<b>Immunization Record Provided: Y/N</b>	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			
<i>Please list two emergency contacts.</i>			
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**

RATES : <b>Full Time:</b> 7am-6pm	\$725CI (Plan A)
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<b>Part Time:</b> 7am-12:00pm (5 half days or 3 full days)	\$600CI
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<b>Camera Access</b> \$20CI	Closed Circuit Camera Access
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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, 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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Please bring these items with you to the Nursery on behalf of your baby:

Wipes

Pampers

Blankets

Crib Sheet

Bibs (4)

Burping Cloth (3)

3-4 Changing Clothes

Feeding dispenser

Sterilized Bottles (1 for each feeding)

Bottled Water (optional)

Socks (2)

Diaper Cream