



345-936-7077 or 345-943-7077
 shiningstarscayman@gmail.com
 www.shiningstarscayman.com

Enrollment Application Aug 1, 2024 - August 15, 2025

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:		
Health Insurance:	Policy Number:	Certificate Number:	
Nationality: <input type="checkbox"/> Caymanian <input type="checkbox"/> Non-Caymanian Specify _____	Medical Concerns:		
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			
Children with temperature 100+ degrees will not be admitted and parents must immediately pick up their children when called.			

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 other than yourself.

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 () 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 or special needs? Y/N If yes, explain: _____ _____ _____	Does your child have any allergies? Y/N If yes, explain: _____ _____ _____
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Rates Full Time/Part Time	Ages 3 & 4:	\$1,195CI/\$1,095CI MONTHLY
	Age 2:	\$1,245CI/\$1,150CI MONTHLY
	AGE 1:	\$1,345CI/\$1,250CI MONTHLY

Part Time Hours: Up to 5 hours per day or M/W/F Full Days
Breakfast, Lunch and Snacks are included in tuition fee

Annual Registration Fee (non-refundable): \$100CI **Annual Facility Fee** (non-refundable): \$150CI

Deposit: Half a month's tuition - applied to Aug. 1, 2025 - Aug. 15, 2025 tuition (forfeit if withdrawn)

Academic Year Age Grouping: Children are placed within their academic school year by age.

CAMERA ACCESS \$20CI Monthly Closed Circuit Camera Access - **RECORDING OR SCREEN CAPTURE IS FORBIDDEN**

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 of Health Insurance	Notes: UNIFORM SHIRTS \$25.00CI - MANDATORY Camera Access \$20.00CI monthly - Voluntary
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YOU ACKNOWLEDGE AND AGREE TO ABIDE BY OUR RULES BY SIGNING BELOW

1. This contract runs through August 15, 2025. Should the facility be closed due to government mandate or natural disaster, half fees are due until we are able to re-open. The tuition charged will be increased should CIG increase minimum wage by over 50%.
 2. In the event of an emergency, I authorize Shining Stars to administer treatment on behalf of my child and to transport my child to George Town Hospital if Shining Stars, at its sole discretion, deems it necessary and agree to hold Shining Stars harmless.
 3. Monthly payments are due in full by the 1st. Late payments will be assessed a \$50CI late fee. Accounts with a balance will be charged a monthly fee equal to 5% of the outstanding balance until the balance is paid in full. Accounts with outstanding balance of more than 1 month are subject to immediate expulsion. I agree to pay all collection costs associated with this account.
 4. I acknowledge there are cameras in the school. Photos of my child may be used by the school for promotional purposes.
- I, the undersigned, certify 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 _____

Signature: _____ Date _____