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Class \_\_\_\_\_

Teacher \_\_\_\_\_

Entered \_\_\_\_\_

**Star America Preschool**

**Registration form**

Registration Fee Paid \$ \_\_\_\_\_

Date Paid \_\_\_\_\_

Method of Payment:

- Check
- Cash
- Credit Card

Blue Medical Form Received:

Today's Date: \_\_\_\_\_ Birth Certificate Number: \_\_\_\_\_ State: \_\_\_\_\_

Student's Name \_\_\_\_\_

Last First Middle Preferred

Gender: Male  Female  Home Phone: ( ) \_\_\_\_\_ Home Email: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Place: \_\_\_\_\_

Month Day Year City State Country

**Family Information**

Fathers Name: _____	Living with Student: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Deceased: Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupation: _____	Divorced: Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes: Full Custody <input type="checkbox"/> Joint Custody <input type="checkbox"/>
Employer: _____	Work Phone: ( ) _____
	Work Hours: _____
Cell Phone: ( ) _____	Church Affiliation: _____
Mother Name: _____	Living with Student: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Deceased: Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupation: _____	Divorced: Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes: Full Custody <input type="checkbox"/> Joint Custody <input type="checkbox"/>
Employer: _____	Work Phone: ( ) _____
	Work Hours: _____
Cell Phone: ( ) _____	Church Affiliation: _____



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**Siblings:**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male  Female

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male  Female

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male  Female

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male  Female

**Medical History**

Student's Physician: \_\_\_\_\_ Physician's Phone (    ) \_\_\_\_\_

Student's Medical History / Case Number: \_\_\_\_\_

Please list all medical concerns or information we should know about your child:

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**Additional Information**

Person(s) authorized to care for your child in an emergency - if mother, father, or guardian cannot be reached:

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

If your child will be going to a home care provider after school, please provide the following information about them:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_



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Please check the program, including number of days, your child will be attending each week:

1 Year Olds:  3 Days (T, W, Th)  5 Days (M-F)

2 Year Olds:  3 Days (M, W, F)  5 Days (M-F)

3 Year Olds:  3 Days (M, W, F)  5 Days (M-F)

4 Year Olds:  3 Days (M, W, F)  5 Days (M-F)

How did you hear about Star America Preschool? \_\_\_\_\_

\_\_\_\_\_

Any information you can provide us regarding you child's personality, needs, habits, etc. will help us in placing her/him in the class most suited to them.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please Note:** The choice of teacher for your child will be a careful process based on several factors. Please do not complicate this procedure by demanding your child be placed in a certain room or with certain children.

The Student Registration Fee of \$100 per child is non-refundable and guarantees the student's class placement.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

