Shining Stars Preschool

Enrollment Form

2020-2021

_____ _____ _____

Child's First Name Middle Name Last Name

____/____/____ _____

Child's Birth Date Child's Gender

_____

Parents or Guardians Name

_____ _____ _____

Street Address City Zip Code

_____ _____

Phone Number Email

Emergency Contacts:

_____ _____ (___)_____

Name Relationship to Child Phone Number

_____ _____ (___)_____

Name Relationship to Child Phone Number

Has your child had any Preschool or group experiences? When and where? _____

_____

Are there any medical issues that we should be aware of? _____

_____

Tell us something that makes your child special._____

_____

What are your child's interests? _____

Please mail this Preschool Enrollment Form and the $10.00 registration fee to:

Shining Stars Preschool
Leesa Meyers
New Castle Career Center
801 Parkview Drive

*Please make checks out to Shining Stars Preschool