

The Shining Stars School

What exactly is a co-op?

A co-op is what “working together” looks like all grown up. Co-oping days are what make our school special. They are also an integral and important part in making our school run the way we feel it needs to. We are looking for committed parents that want to be a part of a community, a co-op and an incredible school.

At The Shining Stars School, “Special Day” is gold in the mind of a child. When you co-op, your child gets to have a “special day”. Not only do they get to have their Mom and/or Dad with them at school, but they also get to do “special” things throughout the day. When you co-op in the classroom you get to engage with your child’s teacher, build relationships with other parents, and become a part of the day’s activities and curriculum.

What is expected of me?

The Shining Stars School has many ways to be involved...

Parent clean up day in the Fall or Spring (initial)_____

Parent volunteer position (initial)_____ job _____

Attend the mandatory parent meetings (initial)_____

Co-op 9x’s a year for preschool parents (initial)_____

These are commitments you make to the school when registering your child. We understand life happens and things come up. We are flexible and will work with you to help make any adjustments needed. However, if you can not hold up to your commitment you will be charged \$75 on your next tuition payment. (initial) _____

Day: M/W/F T/TH/F M/T/W/TH

Child’s Name _____ DOB: _____

Parent Name _____ Cell: _____

Parent’s Signature _____

Shining Stars Board Rep _____

The Shining Stars School

Extended Day Option

Extended Day Option is available on Tuesdays and Wednesdays - this program will run from 12:45 till 2:45pm on those days. This is NOT a drop-in option. The extended day option is a year-long commitment. The cost of this program is \$25 a day. Your monthly tuition invoice will reflect this additional charge.

Child's Name: _____ **DOB** _____

_____ \$100 Deposit for Extended Day Option (*this will go towards your extended day option tuition charges in the Fall*).

_____ My child will be enrolled in the **3-year old program** and I am interested in the extended day option.

_____ TUESDAY (available for students in Tue/Thur/Fri class)

_____ WEDNESDAY (available for students in Mon/Wed/Fri class)

_____ My child will be enrolled in the **4-year old program** and I am interested in the extended day option.

_____ One Day of Extended Day

_____ TUESDAY is my first choice

_____ WEDNESDAY is my first choice

_____ Even if my first choice is unavailable, I am interested in the other day

_____ Two Days of Extended Day

_____ If both days are not available, I would prefer:

_____ TUESDAY is my first choice

_____ WEDNESDAY is my first choice

_____ Either day will work

_____ No extended day

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Student Personal Information

School Year: 2018-2019

This information is needed annually to provide safe, up-to-date care for your child.

Class: (Circle) M/W/F T/Th/F M/T/W/Th

Student's Name: (Last) _____ (First) _____ (Middle) _____

What name/nickname does the student want to be called at SS: _____

Physical Address: _____ City / Zip _____

Student Lives With: (Circle) Both Parents One Parent Other _____

1. Father's Name _____ Address _____

Phone _____ Cell _____

Place of Employment/Occupation _____

Work Phone _____ Email _____

2. Mother's Name _____ Address (If different from above) _____

Phone _____ Cell _____

Place of Employment/Occupation _____

Work Phone _____ Email _____

Please list any step-parents or legal guardians for your child:

3. Name _____ Relation to child _____ Address _____

Phone _____ Cell _____

4. Name _____ Relation to child _____ Address _____

Phone _____ Cell _____

Student Medical Information

Child's Health Insurance: _____ Policy Holder: _____

Insurance Telephone: _____ Policy #: _____ Group #: _____

Which Local Emergency Facility do you wish an ambulance to take your child if necessary _____

Pediatrician: _____ Phone: _____ Date of Last Physical: _____

Dentist: _____ Phone: _____ Date of Last Dental Exam: _____

Other Physicians / Specialists: _____ Date of Last Eye Exam: _____

Student Health Information (please check all that apply):

_____ Hearing Impairment

_____ Seizure Disorder

_____ Wears Glasses / Contacts

_____ Migraine Headaches

_____ Unequal Pupils

_____ Asthma List Triggers: _____

_____ ADD / ADHD

_____ Other: _____

_____ Diabetes

ALLERGIES:

____ Medications: _____

____ Food: _____

____ Latex: _____

____ Other: _____

Please list any medication your child takes routinely:

Drug: _____ Reason _____

Drug: _____ Reason _____

Drug: _____ Reason: _____