

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...

Parents 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 Options (Board Member Fills Out):

Blue Stars - M/W T/TH M/T/W M/W/TH

Red Stars - M/T/W/TH

Child’s Name _____ DOB: _____

Parent Name _____ Cell: _____

Parent’s Signature _____

Shining Stars Board Rep _____

2-Day Commitment Fees and Tuition 3/4 Year Olds

The Shining Stars School

Commitment fee \$150

3-year-old preschool: \$275 a month

Today's commitment fee **\$150** (After Jan. 30th fee goes up to \$175)

Child's 1st month tuition + 275

Parent signature _____

Child Name & DOB: _____

SS board member signature _____

ALL FEES ARE
NON REFUNDABLE

Parent initials _____

Commitment Fees and Tuition 4/5 Year Olds

The Shining Stars School

Commitment fee \$150

4-year-old preschool: \$475 a month

Todays commitment fee **\$150** (After Jan. 30th fee goes up to \$175)

Child's 1st month tuition + 475

Parent signature _____

Child Name & DOB: _____

SS board member signature_____

ALL FEES ARE
NON REFUNDABLE

Parent initials _____

Extended Day Option

The Shining Stars School

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.

*\$125 - a month additional tuition for one extended day

*\$250- a month additional tuition for two extended day

Your monthly tuition invoice will reflect this additional charge.

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

_____ Your 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 class)

_____ WEDNESDAY (available for students in Mon/Wed 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 (only for 4/5 year olds)

_____ 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

Student Personal Information

The Shining Stars School

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

Class: (Circle) M/W T/Th 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 _____ Email _____

Work Phone _____ Employment/Occupation _____

2. Mother's Name _____

Address (If different from above) _____

Phone/Cell _____ Email _____

Work Phone _____ Employment/Occupation _____

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

3. Name _____ Relation to child _____ Address _____

Phone/Cell _____ Email _____

4. Name _____ Relation to child _____ Address _____

Phone/Cell _____ Email _____

Please list number and ages of siblings (half & step) and all blended family members:

Student Medical Information

The Shining Stars School

The Children'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: _____ Please list any medication your child takes routinely:

____ Food: _____ Drug: _____ Reason _____

____ Latex: _____ Drug: _____ Reason _____

____ Other: _____ Drug: _____ Reason _____

Social Media Consent Form

The Shining Stars School

The agreement below indicates approval for the student's name, picture, art, voice, verbal statements or portraits (video or still) to appear in school publicity, videos or on the school's website.

AGREEMENT: Student and Parent/Guardian release to The Shining Stars School (SSS) the student's name, picture, art, written work, voice, verbal statements, portraits (video or still) and consent to their use by SSS. SSS agrees that the student's name, picture, art, written work, voice, verbal statements, portraits (video or still) shall only be used for public relations, public information, school promotion, publicity, and instruction. Student and Parent/Guardian understand and agree that for the use of the student's name, picture, art, written work, voice, verbal statements, portraits (video or still):

- ~ No monetary consideration shall be paid;
- ~ Consent and release have been given without coercion or duress;
- ~ This agreement is binding upon heirs and/or future legal representatives;
- ~ The photo video or student statement may be used in subsequent years.

If the Student and Parent/Guardian wish to rescind this agreement they may do so at any time with written notice.

School-sponsored events open to the public are public events not requiring a release for publication. For example, pictures and articles about school activities may appear in local newspapers. The pictures and/or videos may be used by SSS in subsequent years. SSS has no control of media use of pictures/statements that are taken without permission.

Parent/Guardian Signature : _____ **Date:** _____

**PARENT/DRIVER INSURANCE VERIFICATION &
CARPOOL LIABILITY FORM**

The Shining Stars School

Name of Driver _____ Cell _____

Child's Name: _____

Address _____ City _____ State _____ Zip _____

Driver's License # _____ Exp. _____

Make & Model of Vehicle _____ # of Seat Belts _____

Insurance Company _____ Policy Number _____ Exp. _____

The Shining Stars Field Trip drivers are required to carry minimum liability insurance of a combined single limit of \$300,000 bodily injury and property damage (referred to as 100/300) plus uninsured motorist coverage.

Liability \$ _____ Property Damage \$ _____ Medical \$ _____ Uninsured Motorist \$ _____

I understand that as the registered owner of the vehicle, the primary responsibility for all legal and insurance issues arising from the use of my vehicle on behalf of the school rests entirely with me. I understand that the school's liability insurance covers only registered Shining Stars students on a school-sponsored activity and is secondary to my personal auto and liability insurance.

Parent/Driver Signature: _____ Date: _____

Print Name: _____

*SEAT BELTS MUST BE USED BY EVERYONE IN THE VEHICLE-NO EXCEPTIONS.

I, _____ (Parent Name) give my permission for _____ (Son/Daughter) to be transported by private vehicles to and/or from off-campus field trips with parent drivers when necessary. I hereby release, discharge and indemnify The Shining Stars School and its employees, directors, volunteers, insurers, agents, and representatives from all claims, causes of action, liability or damages arising out of, or relating to the transportation of my child.

Parent Signature: _____ Date: _____

Emergency Food and Clothing Packets

The Shining Stars School

Please fill two One-gallon Ziploc bags with the following items. Mark your child's name on them and if they attend on Tues/Thurs or Mon./Wed.

Emergency Food Pack:

1. Foods might include power bars, beef jerky, summer sausages or hard salami, pop-top meat, beans or fish products, pop -top cans of fruit, applesauce, canned juice, dried fruit, granola bars, multi grain bars, fruit rolls or fruit chews.
2. Plastic spoon.
3. Pull-up or diaper if needed for nighttime.
4. Consider including a family picture and a "love note", as a comfort to your child during a crisis.
5. An index card with parents' names and appropriate phone numbers, emergency contacts, doctor, insurance, and any other pertinent information.

Emergency Clothes Pack:

Please fill a second one-gallon Ziploc bag containing extra clothes for your child (remember socks). Mud puddles and exploding yogurt containers at lunch do happen!

Bring the following "Packs" to one of the following: Orientation Day, Mandatory Parent Meeting, or First Day of Preschool!

Emergency "Phone Text" for The Shining Stars School:

The Shining Stars School sets up a free, automatic texting service, rainedout.com, (the same service Basin Recreation uses) to notify the parents of students of any emergencies, school closures, etc.

All information for this emergency texting service will be discussed and set up at the Mandatory Parents Meeting.

Thank you! If you have any questions, please contact the Preschool Teachers!

**Bank Transfer Authorization Form
The Shining Stars School**

Student Name _____ **Parent**
Name _____

Blue Star _____ **Blue Star + Extended Day** _____ **Blue Star + Extra Day** _____

Blue Star + Extra Day + Extended Day _____

Red Star _____ **Red Star + Extended Day** _____ **Red Star + 2 Extended Days** _____

I authorize The Shining Stars School to electronically debit my bank account, or charge my credit card, according to the terms outlined below. I acknowledge that electronic debits against my account must comply with United States Law.

Terms of Billing:

Starting on 10/5/2020 for 8 consecutive months ending on 5/5/2021 for the amount of \$_____ per month

Customer Credit Card Information:

Credit Card Number: _____

Expires: ____/____ CVV Code: _____ Zip Code: _____

Signature: _____

*Please note, there is a 3.2% charge to use a credit card.

OR

Customer Bank Account Information:

Routing Number

Account Number

Account Type: Chechg Savings Consumer Business

This payment authorization is to remain in effect until I, _____, notify The Shining Stars School of its cancellation by giving written notice in enough time for the business and receiving financial institution to have a reasonable opportunity to act on it.

Customer Signature

Customer Printed Name

Date