

Admission Agreement and Health Assessment

First and Last Name of Child	Preferred Name	Birth Date	Enrollment Date (Check the box if no longer enrolled)
		___/___/___	___/___/___
		___/___/___	___/___/___
		___/___/___	___/___/___

Home Street Address: _____ Phone #: _____

City: _____ State: _____ Zipcode _____

Parent's/Guardian's Name: _____ Phone #: _____

Email: _____ Work Phone #: _____

Parent's/Guardian's Name: _____ Phone #: _____

Email: _____ Work Phone #: _____

Emergency Contacts (Other than Parents/Guardians) and Persons Authorized to Pick-Up the Child

(Unless there is a court order prohibiting it, parents whose names are not listed can pick up their children.)

Name	Relationship to Child	Address	Phone #

Check if there are no emergency contacts available, other than parents/guardians.
 Check if there are no persons authorized to pick up the child, other than parents/guardians.

Out of Area/State Contact Name (If not available - N/A)	Relationship to Child	Address	Phone #

Check if there are no out of area/state contacts available.

Admission Agreement and Health Assessment

There must be a separate health assessment form for each sibling

Name: _____

Birth Date: ____/____/____

Check All That Apply:

Does your child have any known allergies or sensitivities to:

No	Yes	If yes, please list:
		Medications _____
		Foods _____
		Other _____

Illnesses of Medical Conditions:

Does your child have any of the following conditions?

No	Yes	No	Yes
		Asthma	Visual Impairment
		Diabetes	Developmental Delays
		Seizures	Physical Impairment
		Heart Problems	Behavioral or Emotional Problems
		Hearing Impairment	Other: _____

Immunizations:

Are your child's immunizations current? Yes No

List any additional health information or special instructions you feel we need to be aware of:

List any regular medications your child takes: _____

Name of Child's Medical Provider: _____



Admission Agreement and Health Assessment

In case of an emergency or a serious illness and the parents cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and/or provide emergency medical transportation for my child.

_____/_____/_____
Name of Parent/Guardian Date

I hereby give the provider permission to transport my child in the provider's vehicle for the following (optional):

To and From School On Field Trips (with written permission in advance) Other: _____

_____/_____/_____
Name of Parent/Guardian Date

This form must be reviewed annually by the parent/guardian, and any changes noted.

Parent/Guardian Name: _____

Reviewed and/or update: ____/____/_____

Reviewed and/or update: ____/____/_____

Reviewed and/or update: ____/____/_____

Reviewed and/or update: ____/____/_____

Reviewed and/or update: ____/____/_____

Reviewed and/or update: ____/____/_____

Reviewed and/or update: ____/____/_____

If these pages are not attached, the parent/guardian must sign each page individually

This form is provided for technical assistance purposes only. Providers may use this form if they choose, but are not required to use this form.



The Shining Stars School

Student Name: _____

DOB: _____

Parent Name: _____

Phone #: _____

E-mail: _____

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) _____ Position: _____
- Attend the mandatory parent meetings (initial) _____
- Co-op nine times 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 cannot uphold to your commitment, you will be charged \$75 on your next tuition payment.

Parent Signature: _____

Day Options (Board Member Fills Out)

Blue Stars:	M/W	T/TH	M/T/W	M/W/TH
Red Stars:	M/T/W/TH			
Shining Stars Board Representative: _____				

Registration Payment
2 Day Blue Stars (3-4-Year-Olds)
The Shining Stars School

Commitment fee: \$150 (After 2/9/22, fee goes up to \$175) 3-4-year-old preschool: \$275 per month Extended Day Option (one day): \$125 per month
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Today's commitment fee	\$150
First month preschool tuition	\$275
First month one extended day option tuition (if applicable)	\$125
Total payment due at registration	\$

* Send total registration payment by Venmo to @Shiningstars-School

*Please note: There is a \$100 materials fee, due at the Mandatory Parent Meeting on 5/16/22. It covers a t-shirt, snow clothes bag, individual school supplies, and field trips.

Parent Signature: _____

Child Name & DOB: _____

SS Board Member Signature: _____

ALL FEES ARE
NON REFUNDABLE

Parent initials _____

Registration Payment
3 Day Blue Stars (3-4-Year-Olds)
The Shining Stars School

Commitment fee: \$150 (After 2/9/22, fee goes up to \$175) 3-4-year-old preschool: \$375 per month Extended Day Option (one day): \$125 per month
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Today's commitment fee	\$150
First month preschool tuition	\$375
First month one extended day option tuition (if applicable)	\$125
Total payment due at registration	\$

* Send total registration payment by Venmo to @Shiningstars-School

*Please note: There is a \$100 materials fee, due at the Mandatory Parent Meeting on 5/16/22. It covers a t-shirt, snow clothes bag, individual school supplies, and field trips.

Parent Signature: _____

Child Name & DOB: _____

SS Board Member Signature: _____

ALL FEES ARE
NON REFUNDABLE

Parent initials _____

Registration Payment
Red Stars (4-5-Year-Olds)
The Shining Stars School

Commitment fee: \$150 (After 2/9/22, fee goes up to \$175) 4-5-year-old preschool: \$475 per month Extended Day Option: \$125 per month (one day) or \$250 per month (two days)

Today's commitment fee	\$150
First month preschool tuition	\$475
First month one extended day option tuition (if applicable)	\$125
First month two extended days option tuition (if applicable)	\$250
Total payment due at registration	\$

* Send total registration payment by Venmo to @Shiningstars-School

*Please note: There is a \$100 materials fee, due at the Mandatory Parent Meeting on 5/16/22. It covers a t-shirt, snow clothes bag, individual school supplies, and field trips.

Parent Signature: _____

Child Name & DOB: _____

SS Board Member Signature: _____

ALL FEES ARE
NON REFUNDABLE

Parent initials _____

Bank Transfer Authorization Form

The Shining Stars School

Student Name: _____ Parent Name: _____

Parent Email: _____

Blue Star

Blue Star + Extra Day

Blue Star + Extended Day

Blue Star + Extra Day + Extended Day

Red Star

Red Star + 1 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 10/5/2022, for 8 consecutive months, ending on 5/5/2023 for \$_____ 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: Checking

Savings

Consumer

Business

This payment authorization is to remain in effect until I, _____, notify
Customer Name

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

Extended Day Option **The Shining Stars School**

Extended Day Option is available on Tuesdays and/or Wednesdays, from 12:45-2:30pm. This is NOT a drop-in option. The extended day option is a year-long commitment. Your monthly tuition invoice will reflect the additional charge below. **The first month's extended day tuition will be paid at registration.**

- One extended day: \$125 per month additional tuition
- Two extended days: \$250 per month additional tuition

Student Name: _____ **DOB:** _____

Please select your preference below:

___ My child will be enrolled in the **Blue Stars 3-4-year-old program**, and I am interested in the extended day option. Only one extended day available for this program.

___ TUESDAY (available for students in Tue/Thurs class)

___ WEDNESDAY (available for students in Mon/Wed class)

___ My child will be enrolled in the **Red Stars 4-5-year-old program**, and I am interested in the extended day option. One or two extended days are available for this program.

___ One 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 Extended Days (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

Please send payment by Venmo to @Shiningstars-School

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.

Student Name: _____

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

Parent/Driver Insurance Verification & Carpool Liability Release

The Shining Stars School

Name of Driver: _____ Phone #: _____

Student 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.

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

Parent/Driver Signature: _____ Date: _____

Print Name: _____

I, _____ (parent name) give my consent for _____ (child name) to be transported by parent drivers to and from off-campus field trips. I understand that it is my responsibility to make sure that my child has a car seat or booster seat and that it is properly secured in the vehicle in which he or she will be riding.

I further agree to 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/Guardian Signature: _____ Date: _____

Emergency Food and Clothing Packets

The Shining Stars School

Please fill two one-gallon Ziploc bags with the following items. Label each bag with your child's name and which days they attend preschool.

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

Emergency Food Pack

- 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.
- Plastic spoon.
- Pull-up or diaper if needed for nighttime.
- Consider including a family picture and a "love note", as a comfort to your child during a crisis.
- An index card with parents' names and appropriate phone numbers, emergency contacts, doctor, insurance, and any other pertinent information.

Emergency Clothes Pack

- Extra clothes for your child (including socks). Accidents, mud puddles and exploding yogurt containers at lunch do happen!

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

Parent Volunteer Positions

The Shining Stars School

<p>Fall Clean Up Crew Coordinator</p>	<p>Responsible for sign up and execution of one clean-up day (Fall). Clean up date determined by SS Board. Clean-up will include, but not limited to, classrooms, bathrooms, toys, manipulatives and outdoor areas.</p>
<p>Spring Clean Up Crew Coordinator</p>	<p>Responsible for sign up and execution of one clean-up day (Spring). Clean up date determined by SS Board. Clean-up will include, but not limited to, classrooms, bathrooms, toys, manipulatives and outdoor areas.</p>
<p>Fall Community Events Coordinator</p>	<p>Responsible for working to cover the following community events or tables: Scarecrow Walk and Halloween Run. This requires creating sign-ups and creating flyers for our SS families to be informed and involved in these events. The SS Board will provide more information regarding these events.</p>
<p>Fall and Spring Community Service Coordinator</p>	<p>Responsible for arranging one community service project in Fall and one in Spring, in which the entire school can participate. This project should reflect the values of our school and help develop a greater awareness of serving others in our community.</p>

<p>Recycling Coordinator (2 positions)</p> <ol style="list-style-type: none"> 1. Blue Stars 2. Red Stars 	<p>Responsible for gathering and delivering classroom recycling at least twice per month.</p>
<p>After School/Extra Curricular Activity</p>	<p>Coordinate and organize the after-school dance program and any similar programs.</p>
<p>Historian/Yearbook (3 positions)</p> <ol style="list-style-type: none"> 1. M/W (Blue Stars) 2. T/Th (Blue Stars) 3. M-TH (Red Stars) 	<p>Responsible for gathering photographs throughout the school year including all field trips, performances, and other big events. Coordinators may ask other parents to help with taking pictures when they cannot be present for these events, but each event must be covered. This position will also create a yearbook at the end of the year which can be purchased by families if they desire. Yearbook completion is due by the end of June.</p>
<p>Immunization and Health Coordinator</p>	<p>Responsible for gathering completed immunization forms in August from each new student and submitting them to Utah Health Dept. at the appropriate time. Also, will arrange for vision and hearing screenings for both preschool classes in November.</p>
<p>Fall/Spring Scholastic Orders Coordinator</p>	<p>Responsible for getting Scholastic Book Orders out to all families each month. Responsible for placing orders for book orders each month.</p>

<p>Party Coordinator (Blue Stars)</p> <ol style="list-style-type: none"> 1. M/W 2. T/Th 	<p>Responsible for working in conjunction with the other party coordinator to plan class parties throughout the year. Party dates TBD by teachers. Responsibilities include coordination of the party, class decorations, and creating/posting sign-up sheets for the following: volunteers, supplies, refreshments, games, activities and cleanup.</p>
<p>Party Coordinator (Red Stars)</p> <ol style="list-style-type: none"> 1. M-TH 3. M-TH 	<p>Responsible for working in conjunction with the other party coordinator to plan class parties throughout the year. Party dates TBD by teachers.</p> <p>Responsibilities include coordination of the party, class decorations, and creating/posting sign-up sheets for the following: volunteers, supplies, refreshments, games, activities and cleanup.</p>
<p>Running with Ed Coordinator (2 positions)</p> <ol style="list-style-type: none"> 1. Booth Location 2. Race Organizer 	<p>Responsible for planning and participating in the PCEF Running with Ed event. This will include but not limited to sign-ups, creating teams, submitting forms/money for registration, ordering hats or shirts, and assignment of running legs.</p>
<p>Teacher's Aid (Blue Stars)</p>	<p>Responsible for working closely with our teachers to assist with various projects. This may include, but is not limited to, making Plat, photocopies, cutting projects, bulletin boards, etc.</p>

<p>Teacher's Aid (Red Stars)</p>	<p>Responsible for working closely with our teachers to assist with various projects. This may include, but is not limited to, making Plat, photocopies, cutting projects, bulletin boards, etc.</p>
<p>Community Fundraising Coordinator</p>	<p>Pizza Night: Liaise with Papa Murphy's Pizza (Park City) to set up a monthly pizza night for The Shining Stars Preschool. A portion of the day selected for pizza purchases goes directly back to Shining Stars.</p> <p>Box Tops: Responsible for collecting any box top coupons (twice a year), preparing them, and sending them into the collection agency with our school details attached. Send an email out twice a year explaining how to set up an account with the app so you can scan your receipts and collect the Box Tops.</p> <p>Also responsible for the following: Smiths, Amazon, Oliver's Labels, & Café Zupas.</p>
<p>Fundraising (4 positions)</p>	<p>Responsible for working directly under the fundraising board members. Anticipate being involved in spring fundraising events including preparation and attendance.</p> <p>Fundraising Coordinators will assign specific roles.</p>
<p>Spirit Wear</p>	<p>Responsible for inventory management. To include ordering a baseball tee/sweatshirt/tote bag. Responsible for adjusting sizing for children upon order requests.</p>