CHILD'S APPLICATION FOR CROSSROADS S.T.A.R.S. PRESCHOOL **School Year 2024-2025**

Non-refundable Registration Fee \$65.00/ \$50 for 2nd child

REQUIRED: All children must be current on immunizations and the age of the classroom by August 31

Name of	Child					_ Sex: M or F
(Last)				irst)	(MI)	_
Address			City		Zip Code	
Date of Birth				Age		
Regularl	y checked Ema	ail address				
INFOR	MATION AR	OUT THE FAM	шу			
Father's/Guardian's Name					Home Phone	
Address (if different from above)						
Where Employed					Business Phone	
Cell Pho	ne			-		
Mother's/Guardian's Name					Home Phone	
Address (if different from above)Where Employed					Rusiness Phone	
Siblings						
Name				Date of Birth		Sex
						_ M or F
Religious Affiliation:				Church:		
GI :	- CI	-		36 11	T 5.11	Ι α .
Choice	Class	Days	Activity	Monthly	Fall	Spring
			Fee	Cost	Semester	Semester
		2 6 777	Φ20	0.15 0	(Discounted)	` ′
	Twos	M.W	\$30	\$170	\$807.50	\$646.00
	Twos	T.Th	\$30	\$170	\$807.50	\$646.00
	Twos	M.T.W.Th	\$30	\$330	\$1567.50	\$1254.00
	Threes	T.W.Th	\$35	\$225	\$1068.75	\$855.00
	Threes	M.T.W.Th	\$35	\$275	\$1306.25	\$1045.00
	Threes	M.T.W.Th.F.	\$35	\$335	\$1591.25	\$1273.00
	Fours/Fives	T.W.Th	\$50	\$225	\$1068.75	\$855.00

** All fours must be completely potty trained. TK CLASS-for students who have completed a fours class or will turn 5 before November 1. All class times are 9:00am-12:45pm.

\$275

\$335

\$275

\$335

*A 5% tuition discount is offered for semester payments paid in full.

M.T.W.Th

M.T.W.Th.F.

M.T.W.Th

M.T.W.Th.F

\$50

\$50

\$50

\$50

Fours/Fives

Fours/Fives

TK Class

TK Class

\$1306.25

\$1591.25

\$1306.25

\$1591.25

\$1045.00

\$1273.00

\$1045.00

\$1273.00

*Sibling discount of \$10 monthly Only one discount method per family

All tuition is paid a month in advance and is due the first of each month. September tuition is due Aug.1. STARS Preschool reserves the right to change, add, or combine classes depending on enrollment.

EMERGENCY CONTACT INFO	ORMATION:						
Name of child's doctor		Office Phone					
Address		Zip code					
Name of child's dentist		Office Phone					
Address		Zip code					
Hospital preference		Phone					
Trospital preference		none					
If naither father or mother (or guard	lian) can be contacted, call (please li	st relationshin)					
Home Dhone	Office Phone	Cell Phone					
Home Phone	Office Phone	Cell Pholie					
NT	Dalada makin						
Name	Relationship	Cell Phone					
Home Phone	Office Phone	Cell Phone					
In the event I cannot be reached to make arrangements for emergency medical attention, I authorize Crossroads S.T.A.R.S. Preschool Staff to make those arrangements. I give consent for any and all treatment deemed necessary by the attending physician.							
(Signature of Parent)		(Date)					
(Signature of Farency		(Buie)					
My child will need to have the following medication(s) at school							
I give permission for my child's photo to be used for school projects or displayed in the classroom. YES NO I give permission for my child's photo to be displayed in the church hallways YES NO I give permission for my child to take campus walks with supervision around the church YES NO							
INFORMATION ABOUT YOUR CHILD Does your child have any known health concerns (i.e. allergies, asthma, etc.) No Yes Explain:							
	cerning your child which will be helf fears, special likes and/or dislikes, s	pful in his/her experience in group setting speech or hearing difficulties)					