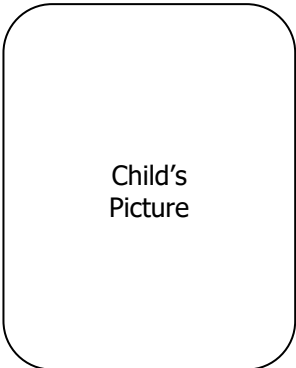


A STAR IS RISING EARLY LEARNING CENTER, LLC.

Phone: 201-771-7022

FAX: 201-771-7025



Summer Camp Application

CHILD'S INFORMATION			
NAME:	DATE OF ENROLLMENT:	START DATE:	
NICK NAME:	SEX: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	DATE OF BIRTH:	
PRIMARY HOURS OF CARE: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME (4HRS.)			
PRIMARY DAY(S) OF CARE: <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY			
I GIVE PERMISSION FOR MY CHILD'S PHOTO TO BE SENT VIA THE CLASS DOJO SYSTEM. INITIALS _____			
MOTHER'S INFORMATION			
FIRST NAME:	LAST NAME:		
HOME PHONE:	CELL PHONE:	WORK:	EXT:
ADDRESS:			
CITY	STATE	ZIP	
EMPLOYER:	ADDRESS:		
EMAIL:	CITY	STATE	ZIP
SOCIAL SECURITY NUMBER:	DRIVERS LICENSE:		
SOCIAL SECURITY & DRIVER'S LICENSE IS MANDATORY. FILES ARE ACCESSIBLE TO OWNER & DIRECTOR ONLY.			
FATHER'S INFORMATION			
FIRST NAME:	LAST NAME:		
HOME PHONE:	CELL PHONE:	WORK:	EXT:
ADDRESS:			
CITY	STATE	ZIP	
EMPLOYER:	ADDRESS:		
EMAIL:	CITY	STATE	ZIP
SOCIAL SECURITY NUMBER:	DRIVERS LICENSE:		
SOCIAL SECURITY & DRIVER'S LICENSE IS MANDATORY. FILES ARE ACCESSIBLE TO OWNER & DIRECTOR ONLY.			



CUSTODIAL ACKNOWLEDGEMENT

I UNDERSTAND THAT PROVIDING BOTH PARENTS/GUARDIANS INFORMATION GIVES BOTH PARTIES THE RIGHT TO VISIT/PICK UP THE ABOVE MENTIONED CHILD AT ANY TIME. IF CUSTODY CIRCUMSTANCES CHANGE FOR ANY REASON, A STAR IS RISING MUST BE NOTIFIED IN WRITING AND WE WILL REQUEST DOCUMENTATION BY THE PROPER AUTHORITY.

PARENT 1 SIGNATURE _____ PARENT 2 SIGNATURE _____

CUSTODIAL INFORMATION

IF A NON-CUSTODIAL PARENT IS NOT AMONG THOSE PERSONS AUTHORIZED TO PICK UP THE CHILD, A COURT ORDER MUST BE PROVIDED. PLEASE CHECK THE APPROPRIATE BOX BELOW.

_____ YES, THIS SITUATION APPLIES. A COURT ORDER IS ATTACHED. _____ NOT APPLICABLE

EMERGENCY CARE AUTHORIZATION

IN THE EVENT THAT A MEDICAL EMERGENCY OCCURS, I AUTHORIZE A STAR IS RISING EARLY LEARNING CENTER, LLC. TO SEEK EMERGENCY CARE FOR MY CHILD AS DEEMED NECESSARY BY THE DIRECTOR AND I AUTHORIZE SUCH MEDICAL PROVIDER TO CARRY OUT REQUIRED EMERGENCY TREATMENT.

SIGNATURE: _____ DATE: _____

MARKETING INFORMATION

HOW DID YOU HEAR ABOUT A STAR IS RISING EARLY LEARNING CENTER, LLC.?

_____ PERSONAL REFERRAL (IF SO, WHO?) _____ DRIVE-BY

_____ INTERNET (WHAT SEARCH ENGINE?) _____ ADVERTISEMENT (WHICH ONE)

POLICY FEE UNDERSTANDMENT

- ☆ I UNDERSTAND AND AGREE TO THE POLICIES AND REQUIREMENTS OUTLINED IN THE A STAR IS RISING HANDBOOK AND THE FINANCIAL AGREEMENT. SPECIFICALLY, I UNDERSTAND THAT FULL TUITION IS DUE REGARDLESS OF **HOLIDAYS, SNOW DAYS, SHORT-TERM ILLNESSES, OR VACATIONS.** _____ Initial
- ☆ I UNDERSTAND THAT ALL RETURNED (BOUNCED) TRANSACTIONS WILL BE ASSESSED A PENALTY TO COVER BANKING FEES (\$40.00). _____ Initial
- ☆ I UNDERSTAND WEEKLY TUITION PAYMENTS ARE DUE ON MONDAY OF EVERY WEEK. PAYMENT RECEIVED AFTER FRIDAY OF THE WEEK WILL BE SUBJECT TO AT \$10.00 "LATE FEE" FOR EACH DAY THEY ARE LATE. PAYMENTS NOT RECEIVED BY THE FOLLOWING FRIDAY WILL RESULT IN THE INTERRUPTION OF THE CHILD'S ATTENDANCE UNTIL ALL FINANCIAL OBLIGATIONS INCLUDING LATE FEES ARE UP TO DATE. _____ Initial
- ☆ I UNDERSTAND THE EXPULSION POLICY AND INFORMATION TO PARENTS STATEMENT MADE BY THE OFFICE OF LICENSING (INCLUDED IN THE PARENT HANDBOOK). _____ Initial

Parent/Guardian 1 signature: _____ Date: _____

Parent/Guardian 2 signature: _____ Date: _____

Office use only:

MEDICAL INFORMATION OF CHILD

I HEAR BY GRANT PERMISSION FOR THE STAFF OF A STAR IS RISING EARLY CHILD CARE CENTER TO CONTACT THE FOLLOWING MEDICAL PERSONNEL AND OR GIVE EMERGENCY MEDICAL CARE IF WARRANTED.

DOCTOR NAME:

PHONE:

ADDRESS:

CITY:

STATE

ZIP

HOSPITAL PREFERENE

PLEASE LIST ALLERGIES, SPECIAL MEDICAL OR DIETARY NEEDS, OR OTHER AREAS OF CONCERN:

EMERGENCY CONTACT INFORMATION

YOUR CHILD WILL BE RELEASED ONLY TO THE CUSTODIAL PARENT OR LEGAL GUARDIAN AND THE PERSON LISTED BELOW. THE FOLLOWING PEOPLE WILL ALSO BE CONTACTED AND ARE AUTHORIZED TO REMOVE THE CHILD FROM THE FACILITY IN CASE OF ILLNESS, ACCIDENT OR EMERGENCY. IF FOR SOME REASON THE CUSTODIAL PARENT OR LEGAL GUARDIAN CANNOT BE REACHED.

NAME	HOME PHONE	WORK PHONE	ADDRESS

PHOTOGRAPH & SOCIAL MEDIA AUTHORIZATION

PHOTOGRAPHS AND VIDEOS ARE TAKEN ON DIFFERENT OCCASIONS SUCH AS BIRTHDAYS, HOLIDAYS, OUTINGS AND SPECIAL OCCASIONS. WE USE THESE PICTURES/VIDEOS IN OUR EARLY CHILD CARE CENTER FOR TEACHING, ARTS, YEARBOOK, WEBSITE, SOCIAL MEDIA, AND CLASS DOJO APP.

- I AUTHORIZE A STAR IS RISING TO PHOTOGRAPH MY CHILD
- I DO NOT AUTHORIZE A STAR IS RISING TO PHOTOGRAPH MY CHILD.

_____ Initial

WHAT HOLIDAYS DO YOU AND YOUR FAMILY CELEBRATE?

_____ NEW YEAR'S	_____ VALENTINE'S DAY	_____ ST. PATRICK'S DAY
_____ EASTER	_____ CINCO DE MAYO	_____ INDEPENDENCE DAY
_____ ROSH HASHANAH	_____ RAMADAN	_____ HALLOWEEN
_____ THANKSGIVING	_____ CHANUKAH	_____ CHRISTMAS
_____ KWANZAA	_____ DIWALI	OTHER(S): _____

IF CAKES, COOKIES, OR OTHER TREATS ARE GIVEN AS A SNACK IN THE EVENT OF A BIRTHDAY OR OTHER SPECIAL OCCASION, DO YOU OBJECT TO YOUR CHILD CONSUMING THEM?

_____ YES

_____ NO

FINANCIAL AGREEMENT

THIS AGREEMENT IS MADE AND ENTERED INTO BETWEEN A STAR IS RISING EARLY LEARNING CENTER AND (PARENT(S) NAME)_____. THE CENTER HEREBY ACCEPTS (CHILD'S NAME) _____ FOR ENROLLMENT BEGINNING _____, 20_____.

I/WE THE PARENT(S), AGREE TO PAY THE APPLICABLE TUITION AND FEES FOR THE SERVICES WHICH WE SUBSCRIBE PER WEEK UNDER THE FOLLOWING TERMS:

1. MONTHLY TUITION IS DIVIDED INTO EQUAL WEEKLY PAYMENTS. ADJUSTMENTS OR PRO-RATED TUITIONS ARE NOT APPLICABLE FOR ILLNESS, VACATIONS, AND CLOSING DUE TO HOLIDAYS, INCLEMENT WEATHER OR AS A RESULT OF THE END OF THE PROGRAMS CYCLE. ALL MONIES, ONCE PAID ARE NON-REFUNDABLE. ONCE YOU HAVE PAID YOUR CHILD'S TUITION FOR THE WEEK(S), YOU ARE COMMITTED FOR THE ENTIRE WEEK(S). THERE IS NO EXCEPTION TO THIS POLICY. ANY CHANGE IN TUITION BECOMES EFFECTIVE AS OF THE 1ST OF THE NEXT MONTH. THIS REFERS TO A CHILD MOVING FROM ONE PROGRAM TO THE NEXT OR A SHIFT IN THE NUMBER OF DAYS A CHILD IS SCHEDULED TO ATTEND IN THE PROGRAM IN WHICH THEY CURRENTLY PARTICIPATE. _____ Initial
2. FAMILY IS ENTITLED TO ONE (1) WEEK TUITION FREE AFTER ONE (1) YEAR OF ENROLLMENT. MULTIPLE WEEKS OF VACATION MUST BE PAID IN FULL. _____ Initial
3. A ONETIME REGISTRATION FEE (NON-REFUNDABLE) AND A ONE-TIME ONLY SECURITY DEPOSIT ARE DUE AT THE TIME OF ENROLLMENT TO GUARANTEE SPACE FOR YOUR CHILD. SECURITY DEPOSITS WILL BE CREDITED UNLESS A STAR IS RISING EARLY CHILD CARE CENTER IS NOTIFIED (IN WRITING) AT LEAST 14 DAYS PRIOR TO TERMINATING SERVICES. THE SECURITY DEPOSIT WILL BE CREDITED TO THE FINAL TWO WEEKS OF SERVICES PROVIDED. _____ Initial
4. IT IS THE RESPONSIBILITY OF THE PARENT TO MAINTAIN TUITION PAYMENTS THROUGHOUT ANY INTERMISSION IN ATTENDANCE, REGARDLESS OF THE LENGTH OF TIME, TO CONTINUE YOUR ACCOUNT IN GOOD STANDING. INTERRUPTION OF PAYMENTS RESULTING FROM TEMPORARY WITHDRAWAL FROM THE CENTER WILL RESULT IN THE FORFEITURE OF THE SECURITY DEPOSIT AND RISK LOSING THE CHILD'S SPACE. _____ Initial
5. WEEKLY TUITION PAYMENTS ARE DUE ON MONDAY OF EVERY WEEK. PAYMENT RECEIVED AFTER FRIDAY OF THE WEEK WILL BE SUBJECT TO AT \$10.00 "LATE FEE" FOR EACH DAY THEY ARE LATE. PAYMENTS NOT RECEIVED BY THE FOLLOWING FRIDAY WILL RESULT IN THE INTERRUPTION OF THE CHILD'S ATTENDANCE UNTIL ALL FINANCIAL OBLIGATIONS INCLUDING LATE FEES ARE UP TO DATE. ALSO IS APPLIED TO SUBSIDY (OFFICE FOR CHILDREN). _____ Initial
6. IF YOU TERMINATE SERVICES AND HAVE AN OUTSTANDING BALANCE DUE ON YOUR ACCOUNT, YOU WILL BE HELD RESPONSIBLE FOR PAYING YOUR BILL. IF IT IS NECESSARY THAT WE MUST SEEK LEGAL ACTION AGAINST YOU IN ORDER TO OBTAIN PAYMENTS DUE, YOU WILL BE RESPONSIBLE FOR ALL OF OUR COLLECTION LEGAL COSTS INCLUDING ATTORNEY AND COURT FEES. _____ Initial

7. THERE WILL BE A \$40.00 FEE CHARGED FOR ANY RETURNED CHECKS OR ACCOUNTS ACCESSED WHICH DO NOT HAVE SUFFICIENT FUNDS TO COVER TUITION PAYMENTS. _____ Initial
8. A LATE PICK-UP FEE WILL BE IMPOSED FOR CHILDREN HELD AFTER SCHOOL HOUR TIME (6:15AM – 6:30PM). THIS CHARGE WILL BE ASSESSED AT A RATE OF \$1.00 FOR EACH MINUTE, OR PORTION THEREOF BEYOND SCHOOL HOURS. THIS FEE WILL BE CHARGED EVEN IF YOU HAVE NOTIFIED US THAT YOU WILL BE LATE. THE LATE PICK-UP FEE WILL BE BILLED TO YOU ON THE FOLLOWING DAY AND MUST BE PAID WITHIN TWO BUSINESS DAYS. TRY TO MAKE ALTERNATE ARRANGEMENTS IF YOU CANNOT BE AT THE CENTER IN TIME TO PICK UP YOUR CHILD. THIS WILL SAVE YOU A LATE FEE AND ENSURE OUR STAFF A TIMELY DEPARTURE. CHRONIC LATENESS IS NOT ACCEPTABLE, REGARDLESS OF FEES AND COULD RESULT IN TERMINATION OF SERVICES AND FORFEITURE OF YOUR SECURITY DEPOSIT. _____ Initial
9. IN THE EVENT YOUR CHILD HAS NOT BEEN PICKED UP BY 7:30 P.M. AND WE HAVE NOT BEEN IN CONTACT WITH YOU OR THE EMERGENCY CONTACT, WE WILL BY LAW CALL DCF (DIVISION OF CHILDREN AND FAMILIES). SEE POLICY ON THE RELEASE OF CHILDREN. _____ Initial

I/WE HAVE READ THE ABOVE TERMS AND UNDERSTAND THE FINANCIAL COMMITMENT TO A STAR IS RISING EARLY LEARNING CENTER. I/WE RECOGNIZE THAT THIS IS A LEGAL AGREEMENT. I/WE SIGN IT WITH THE FULL KNOWLEDGE AND CONSENT OF ITS MEANING AND IMPORTANCE.



SIGNATURE OF PARENT / GUARDIAN

RELATIONSHIP

DATE

SIGNATURE OF PARENT / GUARDIAN

RELATIONSHIP

DATE



IDENTIFICATION FORM

Child's name: _____

Parent's signature: _____

Please bring in copies of identification (i.e. driver's license) on or before your child's first day at A Star Is Rising Early Learning Center LLC.

Please attach:

Parent / Guardian 1's License:

Please attach:

Parent / Guardian 1's License:

