

Application Date: _____



APPLICATION FOR ENROLLMENT

Twinkling Stars Preschool
2044 W. Belmont Ave.
Chicago, IL 60618
(773) 281.4411- office
(773) 281.4412- fax
info@twinklingstarschicago.com
www.twinklingstarschicago.com

GENERAL INFORMATION

Child's Name: _____

Date of Birth: _____

Gender: M F

Child's Address: _____

Parent #1 Name: _____ Home Phone: _____

Address (if different from child's): _____

Email: _____ Cell Phone: _____

Name of Employer: _____ Work Phone: _____

Parent #2 Name: _____ Home Phone: _____

Address (if different from child's): _____

Email: _____ Cell Phone: _____

Name of Employer: _____ Work Phone: _____

If the child is not living in the home of the parent(s), who is responsible for the child?

Guardian's Name: _____ Home Phone: _____

Relationship to the child: _____ Gender: M F

Address (if different from child's): _____

Email: _____ Cell Phone: _____

Name of Employer: _____ Work Phone: _____

Please provide any information regarding the child's individual development, habits, food allergies, medical needs and other factors critical to the child's well-being and ability to participate in the program.

Application Date: _____

ENROLLMENT OPTIONS

Toddler Classroom

(15 months - 24 months)

☐ FULL-TIME: You would like to enroll your child into our full-time program.

☐ PART-TIME: You would like to enroll your child into our part-time program on the following days:

- ☐ 3 days a week
Mon/Wed/Fri
- ☐ 2 days a week
Tues/Thurs

2/3 Classroom

(2 and 3 years old)

☐ FULL-TIME: You would like to enroll your child into our full-time program.

☐ PART-TIME: You would like to enroll your child into our part-time program on the following days:

- ☐ 3 days a week
Mon/Wed/Fri
- ☐ 2 days a week
Tues/Thurs

Preschool Classroom

(3 - 5 years old)

☐ FULL-TIME: You would like to enroll your child into our full-time program.

☐ PART-TIME: You would like to enroll your child into our part-time program on the following days:

- ☐ 4 days a week
- ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri
- ☐ 3 days a week
- ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri

START DATE

The anticipated start date for your child is _____.

ENROLLMENT DEPOSIT

To secure a space for your child or for your child to be placed on the wait list, you must submit this form along with the enrollment deposit which includes a non-refundable **application fee** of \$50.00 plus a **tuition deposit** of one month's tuition. If a space is reserved for your child, the tuition deposit becomes non-refundable. If our program is full and your child is placed on our wait list, then your deposit will be held until a space becomes available and can be refunded should you withdraw your child from our wait list before a space is actually reserved. Your tuition deposit will be used towards your child's last month of care. Your child's spot will be held for 30 days. If your child is unable to begin attendance within that timeframe, his/her space may be forfeited and he/she will be put on the wait list.

TUITION

Tuition is paid monthly and is due on the 25th of each month. Your monthly tuition will be _____.

ACKNOWLEDGEMENT

Your signature below indicates that ALL information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date

Enrollment Date: _____

Discharge Date: _____