

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.

Multiple horizontal lines for providing additional information.

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  
(4 and 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 25<sup>th</sup> 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: \_\_\_\_\_