

A Shining Star Learning Center
Sibling Enrollment/Waiting List Application

Today's Date: _____

Child's Name: _____ Date of Birth: _____
Address: _____ Home Phone: _____
_____ Social Sec. #: _____

Parent/Guardian #1:

Parent/Guardian #2:

Name: _____ Name: _____
Address: _____ Address: _____
_____ _____
Home Phone: _____ Home Phone: _____
Social Sec. #: _____ Social Sec. #: _____
Driver's License #: _____ Driver's License #: _____

Employer: _____ Employer: _____
Address: _____ Address: _____
_____ _____

Work Phone: _____ Work Phone: _____
Work Hours: _____ Work Hours: _____

Requested Schedule:

All of my children _____ **will** _____ **will not** be on the same schedule, as indicated below.

Please indicate the days you would like to enroll your child(ren):

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Please indicate your child's approximate Drop Off Time: _____
Please indicate your child's approximate Pick Up Time: _____
Requested Start Date: _____

Signature: _____ Date: _____