



Pre-Registration Form

Thank you for your interest in the Shining Stars Academy. Choosing a quality child-care program is one of the most important decisions you will make. We take your decision seriously and are committed to living up to the important responsibility of caring for your child.

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

****For the safety of the children in our care, we require a copy of your driver license before we can take you through the building.****

Parent/Guardian Information:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

City _____ Zip _____

City _____ Zip _____

E-mail Address: _____

E-mail Address: _____

Home Phone: _____

Home Phone: _____

Company Name: _____

Company Name: _____

Company Phone: _____

Company Phone: _____

Days and Hours Desired

MON _____ TUE _____ WED _____ THU _____ FRI _____

If you are flexible with your desired schedule, please note that here: _____

What date would you like enrollment to begin? _____

How did you hear about us? _____

To reserve your spot now, please enclose a non-refundable registration fee for \$50.00 per child and return it to: Shining Stars Academy, 2011 Stratford Dr., Round Rock, TX 78664

(Parent/Guardian's Signature)

Date