2021-2022 Registration Form



Registration paid Y # N	•	1des of this form and return it 1500 and 1600 are 1600 ar	Date first enrolle
	Days Req	uested/Offered	_
Mond	ayTuesdayWed	dnesdayThursday	_Friday
	Child I	nformation	
Address:	_/ Birth Place	Nickname	M or F
Has the child received a	ny special education services?		
<u>Mothe</u>	Parent ratural)	Information <u>Father</u> (s	step or natural)
Name		Name	
Employer		Employer	
Business Phone		Business Phone	
Cell Phone		Cell Phone	
Address (if different than above)		Address (if different than above)	
E-mail Address		E-mail Address	
Marital status		Marital status	

Family Information Other children in family (names, ages): If there has been a separation or divorce, with whom is the child living? Legal Custody _____ If the child is living with someone other than a parent, please complete: Name: _____ Address: ______ Phone: _____ Relationship to child: _____ **Church Information** Does your family have a church that you attend regularly? If yes, which one? _____ Check any of the following you are interested in: ☐ Bible Basics Class. These 3 lessons introduce you to the teachings of our church body with which Shining Stars is affiliated. (These are highly recommended for non-member parents who want to know more about the Bible and what our church teaches.) ☐ Parenting classes: Topics of interest______ ☐ Morning Bible Story study (These classes cover the same Bible Lesson the children are learning that week in school.) □ Other _____

You will be sent an email confirming your requested days and your enrollment in June.

At August's orientation night you will receive an enrollment form that will need to be filled out in addition to this form. Thank you!