

Application Received _____

Secondary Review _____

Registration Paid _____

☐ Birth Certificate ☐ PA4D Updated

☐ Physical Signed ☐ MM Updated

☐ Immunizations ☐ KR Updated

☐ Parent Agreement ☐ Photo Uploaded

File Complete Date _____

Initials _____



★ ★ ★

**STARLING INTERNATIONAL
CHILD CARE
AND LEARNING COMPLEX**

Application / Enrollment

Update Year _____

Parent/Guardian Signature _____

Staff Initial _____

Update Year _____

Parent/Guardian Signature _____

Staff Initial _____

☐ Infant

☐ Toddler

☐ 2 Year Old

☐ Preschool

☐ Pre-Kindergarten

☐ Afterschool

☐ Summer Camp

☐ Other _____

☐ Wait List

Desired Enrollment: _____

Child's First Name	Middle	Last Name	Nickname
<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /	() -	() -
Birthdate		Primary Phone	Alternate Phone

Street Address	City	State	Zip Code
Email Address #1		Email Address #2	

Mailing Address (if different from above) Please check if you do not have a current mailing address ☐

Child resides with: ☐ Both Parents ☐ Father ☐ Mother ☐ Mother & Spouse ☐ Father & Spouse ☐ Grandparents
☐ Guardian ☐ Foster Parent ☐ other _____

Is there a court ordered custody agreement in place? If yes, a copy will need to be provided. ☐ Yes ☐ No

Primary Language spoken in household: _____

Race: (Check all that apply to household) ☐ Asian ☐ Black/African American ☐ White ☐ Multi-racial
☐ American Indian/Alaskan Native ☐ Hawaiian/Pacific Islander ☐ Hispanic ☐ Other: _____

Current Childcare Provider: _____ Years Attended: _____

Previous Childcare Provider: _____ Years Attended: _____

Section 2. Please complete the following information about parent/Guardian(s) of the child.

Parent/Guardian 1	Name	Relationship to child	Birthdate / /
Street Address (check box if same as above) <input type="checkbox"/>			
		() -	() -
Employer/School	Work Phone	Primary Phone	
Check Current Employment Status:			
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Temporary <input type="checkbox"/> Training/School			
Check Highest Level of Education:			
<input type="checkbox"/> Less than 12th grade <input type="checkbox"/> GED <input type="checkbox"/> HS Graduate <input type="checkbox"/> College/Advanced Training Associates <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's or higher Other: _____			

_____/_____/_____
Parent/Guardian 2 Name Relationship to child Birthdate

☐ _____
Street Address (check box if same as above)

_____() - _____() - _____
Employer/School Work Phone Primary Phone

Check Current Employment Status:
☐ Full-time ☐ Part-time ☐ Unemployed ☐ Retired ☐ Disabled ☐ Temporary ☐ Training/School

Check Highest Level of Education:
☐ Less than 12th grade ☐ GED ☐ HS Graduate ☐ College/Advanced Training Associates ☐ Bachelor’s
☐ Master’s or higher Other: _____

***Section 3. Eligibility.** The following section is required to be completed in its entirety if you would like to enroll your child in free or reduced early education program of childcare center. Documentation is required to verify the following information. If your child is in foster care or homeless, you may skip this section.

Please check if you or anyone in your household receive any of the following: ☐ SNAP ☐ MEDICAID/FAMIS ☐ WIC ☐ TANF

Family Income - only count member(s) who are part of the household						
Family Member	Amount (gross)	Per (Ex: Week, month, year)	Annual Amount	Description (Example: SSI, Job, Child Support)	Verification (ex: W-2, check stub)	Note
	\$		\$			
	\$		\$			
	\$		\$			
	\$		\$			
	\$		\$			
	\$		\$			
Income Notes						

Preferred Start Date: ☐ ASAP ☐ Other: List Date _____**Section 4. Please tell us more about your child and family needs.**

Brothers and/or sisters in the household under age 18

Full Name _____	Age _____	Birthdate ____/____/____	School/Childcare Center _____
Full Name _____	Age _____	Birthdate ____/____/____	School/Childcare Center _____
Full Name _____	Age _____	Birthdate ____/____/____	School/Childcare Center _____
Full Name _____	Age _____	Birthdate ____/____/____	School/Childcare Center _____

Please check all that apply:

Yes	No	
		*Child is in foster care
		*Currently experiencing homelessness (living in/with street, car, shelter, hotel, friends, or relatives)
		Child has a diagnosed disability. If so, what is the diagnosis? _____
		Child has an IEP/IFSP? If so, what are the educational and developmental supports indicated? _____
		Child has an allergy? _____
		Child has a physical disability/impairment _____
		Child has health insurance <input type="checkbox"/> Yes <input type="checkbox"/> No Provider _____ Policy/Case# _____
		Child was born prematurely/high risk pregnancy. If premature, weeks carried? _____
		Child is toilet trained (this is not a requirement)
		Child was in foster care or an orphanage
		Does your child receive any services? (Example: Speech, counseling, occupational, etc.) If yes, please describe: _____
		Single-parent family
		Teen mother or father at child's birth
		Parent deployed in military
		Chronic or terminal illness in family
		Family uses English as a second language
		Child has a deceased parent
		Child has an incarcerated parent
		Child or family is in counseling
		Parent/Guardian did not complete high school
		Parent or family experiencing substance abuse
		Parent or family experiencing domestic violence
		Currently unemployed

Is there anything else you would like us to know about your child and/or family? _____

Do you have any concerns about your child's development? _____

Do you have concerns about your child's behavior? _____

Preferred Start Date: ☐ ASAP ☐ Other: List Date _____**Section 5. Program Selection. Please provide us with as much information as possible about program selection so we can ensure the needs of your family are being met.**Does your child require transportation to and/or from preschool/childcare? ☐ Yes ☐ No**Program Selection:**

With limited spaces available in all programs, please rank, in order, the program that will best fit the needs of your family with 1 being your top choice:

_____ Part Day Services (3-5 hours during the school year) _____

_____ School Day Services (hours and days in public schools) _____

_____ Full Day Services (more than 5 hours a day) _____

_____ Non-traditional Hours (evening or weekend) _____

_____ Specific Site _____

If it is determined that you are not eligible or accepted into your first program choice, are you willing to learn about other program options that are available? ☐ Yes ☐ No

Please visit VAQuality.org or ChildcareVA.com for additional information about providers within your city or county.

*Birth Certificate or Letter of Birth is required to determine eligibility

*Proof of residency is required for eligibility of public school program options.

*Income verification will be required to determine eligibility.

The following documents are required upon enrollment. If you are unable to provide these documents, it may restrict your opportunity to enroll in the program of your choice.

Birth Certificate

Current Physical

Current Immunization Record

Proof of residency (lease or mortgage)

Income (paystubs)

Applications are accepted year-round. Initial application review for placement in February to May for the 2020-21 school year. Educational home visits are a part of some programs. Information will be handled confidentially. Incomplete applications cannot be processed. Please be sure to complete this form in its entirety.*I certify that all of the above information is true and correct and that all income is reported (if submitted). I understand that if any of this information changes, I am obligated to notify the program immediately. I understand that the school/program will receive state funds based on the information I give. I understand that deliberate misrepresentation of any of this information may disqualify my child from being considered for a preschool program. I understand that this application will serve to meet the needs of my family through available public and / or private providers and based on my eligibility, will support my family in securing childcare/preschool services for my child. All of my child and family personal information will be handled respectfully and confidentially.*

Signature of parent/guardian: _____

Date: ____/____/____

*Documentation is required

LANDSCAPE DESIGNERS EMERGE WHEN CHILDREN LEARN THE IMPORTANCE OF GARDENING AT AN EARLY AGE



OLYMPIC ATHLETES EMERGE WHEN GIVEN TIME TO PRACTICE REGULARLY



Enrollment Agreement

Initial each section indicating you agree, then sign and date the last page.



I hereby agree to comply with the rules and regulations of Starling International Child Care & Learning Complex regarding fees, attendance, health, and other items specified in the Parent Handbook and this agreements.

___ I agree to make immediate arrangements to pick up my child if he/she becomes sick. I agree to notify the center within 24 hours or the next business day after my child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

___ I understand that my child may not attend for 24 hours after the last sign of fever or illness. I also understand that my child may not attend on days they are home sick from school.

___ The center closes at 6:30pm. I understand that I will be responsible for paying \$10 + \$1/minute per child after the center closes. The center will attempt to call the parents, emergency contacts and authorized pick-up persons. However, if satisfactory arrangements are not made, Virginia Child Protective Services will be called to pick up the child.

___ I understand that children are to enter and exit the building with their parent/guardian. For safety reasons, a child may not go into the parking lot ahead of their parent, nor may children enter the center without a parent/guardian.

___ Breakfast, lunch and a hearty afternoon snack are served to all children. Formula is provided for infants under one year old. If bottles are sent they must be clearly labeled (first and last name) If a parent prefers to breastfeed or send their own formula/ baby food, and Infant Choice Form must be file.

___ I grant permission for my child to use all of the play equipment and participate in all of the activities of the school including permission for my child to leave the school premises under the supervision of a staff member for sponsored neighborhood walks or field trips.

___ I grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. I give consent to the hospitalization and performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs if an emergency occurs. The steps may include, but are not limited to, the following: Attempt to contact a parent or emergency contact; attempt to contact the child's physician; attempt to contact you through any of the persons listed on the Registration Form,; call an ambulance, have the child taken to an emergency hospital or Urgent Care center in the company of a staff member; or take the child to the hospital/center in a private vehicle (any expenses incurred will be borne by the child's family); the school will not be responsible for anything that may happen as a result of false information given at the time of enrollment; the school WILL NOT assume responsibility for a child who has not been signed in when s(he) arrives for the day.

___ I authorize my child to participate in supervised water activities, swimming, or swim lessons. My child's swimming ability is:

☐ Beginner ☐ Moderate ☐ Advanced

___ Starling International Child Care & Learning Complex will do its best to ensure a safe experience. I understand that accidents may occur from both my child's participation in activities and from transportation to and from the program. I agree to assume these risks. I release the organization, its employees, volunteers, independent contractors, directors and agents from all liability based on any damage, loss or injury whether it is the result of ordinary negligence or otherwise, caused to my child from participation in the program.

___ Tuition is due the first day of each week. There is a \$15 late fee for each day tuition is late after Tuesday at 6:30pm. There is a \$50 returned check fee for all returned checks. If a check is returned, your payment must be made with cash, money order or credit card. I understand that tuition is due even when my child does not attend.

List 2 local persons other than the parents, that do not have the same address, to notify in case of an emergency:

1.

Name	Phone	Relationship to child	
Full Street Address (No PO Boxes)	City	State	Zip
Is this person authorized to pick up child?	Y	N	

2.

Name	Phone	Relationship to child	
Full Street Address (No PO Boxes)	City	State	Zip
Is this person authorized to pick up child?	Y	N	

List 2 local persons other than the parents, that do not have the same address authorized to pick up your child:

1.

Name	Phone	Relationship to child	
Full Street Address (No PO Boxes)	City	State	Zip

2.

Name	Phone	Relationship to child	
Full Street Address (No PO Boxes)	City	State	Zip

Persons NOT authorized to pick up your child: _____

Divorce decree must be attached if a parent is not allowed to pick up the child.

Your child will only be released to someone with the authorization doe or someone authorized to pick up your child on the registration form or with your permission.

Name of last child care center attended (Name, City, State): _____

Starling is open from 6:45am to 6:30pm Monday through Friday. The center is closed Labor Day, Memorial Day, Independence Day, Christmas Day, Thanksgiving Day, Friday after Thanksgiving, and New Years Day. If any of these days fall on a weekend, the center will be closed the workday closest to the holiday. All staff report directly to the center director. If the director is absent, the staff report to the acting director. Staff are required by law to report suspected child abuse to the authorities. Starling International does not subscribe to an individual reli-gious philosophy. I hereby give Starling International and its agents or assigns, the absolute right and permission to copyright and/or publish, or use photographic portraits of my child made through any media for art, advertising, trade or any other lawful pur-pose whatsoever used in conjunction with his/her own or fictitious name. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. The center does not discriminate on the basis of marital status, personal appearance, sexual orientation, gender identity or expres-sion, family responsibilities, familial status, source of income, place or residence or business, genetic information, matriculation, political affiliation or any individual, all or part of an individual's income is derived from any public assistance program, reprisal, or parental status.

Starling Child Care Enrollment Contract

Child's Name: _____

Date of Birth: _____ Classroom: _____

Schedule: M T W Th F

Meals: Breakfast AM Snack Lunch PM Snack Afternoon Meal

Hours: From: _____

Name of Public School: _____

To: _____

Grade: _____

Annual Registration Fee: _____

Weekly Tuition Rate: _____

If weekly tuition is not received by 6:30pm on the second day of the week, there is a \$15 charge per day.

I understand that I must pay even when my child does not attend.

AGENCY REIMBURSEMENT: I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I understand that if I fail to properly swipe attendance for any day my child is in attendance, I am solely responsible for the payment of tuition.

I understand that I must give a two week written notice in order to withdraw from this contract.

Parent/Guardian Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

Start Date _____

"It is well known that children have a better chance for school success when families participate in...their children's preschool experience."

