



780 8th Avenue (West 47th) 2nd & 3rd FL New York, NY 10036
Tel: (212) 262 - 4896 Fax: (212) 262 - 4936

Enrollment Form

Registration Fee (\$150 Non-Refundable)
 Medical Form

Deposit (\$700 Refundable)
 Parent Permission Policy

Child's Full Name: _____ Date of Birth: _____ Male Female

Parent / Guardian 1 Name & Primary Address:
Name _____
Address: _____
Primary Number: _____
Secondary Number: _____
Email: _____
Best way to reach you: _____
Employer: _____

Parent / Guardian 2 Name & Primary Address:
Name: _____
Address: _____
Primary Number: _____
Secondary Number: _____
Email: _____
Best way to reach you: _____
Employer: _____

Language Spoken at Home: _____

Emergency Contact & Authorized Pick - Up (Other than yourself or significant other)

1 _____ Relationship: _____ Phone: _____
2 _____ Relationship: _____ Phone: _____
3 _____ Relationship: _____ Phone: _____

List any Medical Alerts /Allergies: _____

Does your child have any special needs: _____ Does your child have an IEP: _____

In case of emergency, do you permit Star America to apply First Aid? Yes _____ No _____

In case of emergency, do you permit Star America to contact EMS? Yes _____ No _____

Do you permit your child to attend neighborhood walking trips / park visits? Yes _____ No _____

Child's Pediatrician: _____ Phone Number: _____

Program: Full Time (5 full days) Part Time: _____ days Start Date: _____

By signing below, I understand that I am responsible for the monthly tuition payment agreed upon and comply with school's policies.

Office Use Only:

Tuition Price: _____ Start Date: _____ Prorate: _____

Deposit Receipt #: _____ Registration Receipt #: _____ First Payment Receipt #: _____

Parent's Name (Print): _____ Parent's Signature: _____ Date _____