

# Rising Stars Academy

## CERTIFICATE OF ENROLLMENT

(This form to be completed by the Site Director only)

### PARENT / GUARDIAN INFORMATION:

Parent Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Home Address \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Work Address \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

DL/ID#: \_\_\_\_\_ Email: \_\_\_\_\_

### STUDENT INFORMATION:

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

Circle one: Infant / Preschool / Kinder / Elementary / Before & After School

Enrollment Date: \_\_\_\_\_ Start Date (first day in attendance): \_\_\_\_\_

### CENTER LOCATION

RSA (Prairie)\_\_\_ AQC (802)\_\_\_ RSACDC (762)\_\_\_ RSA (1851)\_\_\_ RSA (1909)\_\_\_

### FINANCIAL INFORMATION

**Cash paying:** (financial input)

Weekly Rate \_\_\_\_\_ (if subsidized; indicate N/A)

Scholarship awarded? Yes or No (Circle one) If yes; scholarship application and pay stubs must be attached

**Subsidized program:** \_\_\_\_\_

Program Name: \_\_\_\_\_

Weekly Rate: \_\_\_\_\_ Parent Fee amount: \_\_\_\_\_ COE end date: \_\_\_\_\_

Registration Fee: Yes \_\_\_\_\_ Amount: \_\_\_\_\_ No \_\_\_\_\_ Why: \_\_\_\_\_

Transportation: Yes \_\_\_\_\_ Amount: \_\_\_\_\_ No \_\_\_\_\_

EMAILED TO CORPORATE BY: \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

ENTERED INTO ACCOUNTING SYSTEM BY: \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

PLACED IN CHILD FILE BY: \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_