



Acceptance Form

Dear Shining Stars Parent/Guardian,

This contract confirms that:

Child 1: _____ DOB: ____ / ____ / ____ Age: ____ Sex: ____

Child 2: _____ DOB: ____ / ____ / ____ Age: ____ Sex: ____

Child 3: _____ DOB: ____ / ____ / ____ Age: ____ Sex: ____

has/have been accepted for care by Shining Stars Childcare and a place will be reserved until the first day of care which will begin on: ____ / ____ / ____.

A registration fee of \$ _____ has been received by Shining Stars Childcare. These fees will not be returned in the event that the above-named child/children are not placed in care on the date listed above.

By signing below, you agree that this is a legally binding contract. Providing false information could result in termination of childcare services, forfeiture of retainer, or both.

My children will be attending Shining Stars Childcare on the following days:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

 Father/Guardian's Signature Telephone Number _____ Date ____ / ____ / ____

 Mother/Guardian's Signature Telephone Number _____ Date ____ / ____ / ____

 Shining Star Childcare Representative Signature Telephone Number _____ Date ____ / ____ / ____