



STAR BEFORE & AFTER SCHOOL CARE

Program Registration and Schedule Change Form

☐ New Registration for 2026 2027 School Year

☐ Attendance or Schedule Change

☐ Program Cancellation or Dropping

GENERAL POLICIES

- Registration is paused from August 3-September 4. Registration will re-open September 5.
- Turn completed form in to the Triphahn Center & Ice Arena (1685 Higgins Road) or email to Program Manager.
- Schedule changes must be received by 12:00 pm Thursday prior to the week requested.
- Changes take 5 business days to process and go into effect on Mondays. Cancellations require 30 days notice for a full refund.
- If a proper change/cancel form is not completed, parents remain responsible for all tuition and fees.

HOUSEHOLD & PARTIPANT INFORMATION

Primary Guardian Name _____ Phone Number _____

Email Address _____ Household ID _____

1st Child Name _____

School Attending ☐ Muir ☐ Lakeview ☐ Fairview ☐ MacArthur
☐ Armstrong ☐ Lincoln Prairie ☐ Whiteley

Start Date _____

Last Day (if changing) _____

2nd Child Name _____

School Attending ☐ Muir ☐ Lakeview ☐ Fairview ☐ MacArthur
☐ Armstrong ☐ Lincoln Prairie ☐ Whiteley

Start Date _____

Last Day (if changing) _____

FEES & SCHEDULE

Fees (1st Child)	3-Day	5-Day
Muir, Lakeview, Fairview, MacArthur, Armstrong	AM: \$111 PM: \$212	AM: \$162 PM: \$271
Lincoln Prairie	AM: \$139 PM: \$160	AM: \$225 PM: \$234
Whiteley	AM: \$107 PM: \$187	AM: \$160 PM: \$271

Fees (2nd Child)	3-Day	5-Day
Muir, Lakeview, Fairview, MacArthur, Armstrong	AM: \$100 PM: \$191	AM: \$146 PM: \$244
Lincoln Prairie	AM: \$125 PM: \$144	AM: \$203 PM: \$211
Whiteley	AM: \$96 PM: \$168	AM: \$144 PM: \$244

Before School: ☐ 5-Day ☐ 3-Day (check days)
☐ N/A ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

After School ☐ 5-Day ☐ 3-Day (check days)
☐ N/A ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Please fill out the entire form and make accurate selections to ensure your child's spot.

FINANCIAL AUTHORIZATION

Registration Fee: \$50 per child due at enrollment. Schedule Change Fee: \$10 administration fee per request.

Payment Method ☐ Cash ☐ Check # _____ ☐ Credit Card on File (Last 4 digits) _____
☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Cardholder Name: _____ Exp Date: _____ Total Amount (\$): _____

I authorize my monthly EFT payments to be changed or charged accordingly to the regular monthly fee schedule based on the selections made above.

Parent Guardian Signature _____ Date _____

OFFICE USE ONLY

Staff Received _____ Manager Approved _____

☐ Administrative Charges Applied \$10 fee ☐ Registration Fees Paid \$50 per child ☐ Prorated amount if applicable: _____

If you need ADA accomodations, please reach out to Kimberly Barton at kbarton@heparks.org