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

- **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: $107 PM: $187	AM: $160 PM: $271
Lincoln Prairie	AM: $139 PM: $160	AM: $225 PM: $234
Whiteley	AM: $111 PM: $212	AM: $162 PM: $293

Fees (2nd Child)	3-Day	5-Day
Muir, Lakeview, Fairview, MacArthur, Armstrong	AM: $96 PM: $168	AM: $144 PM: $244
Lincoln Prairie	AM: $125 PM: $144	AM: $203 PM: $211
Whiteley	AM: $100 PM: $191	AM: $146 PM: $264

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