



Dear DuBow School Parent,

Your child participated in a free Shining Star demonstration today at your school. Shining Stars offers an exciting dramatic play program for toddlers and preschoolers through fun exercises and games to encourage bravery, confidence, and creativity when communicating with others. We believe what all children have to say is important, therefore the Shining Stars mission is to instill the confidence in children to clearly communicate their thoughts and feelings with the world, fearless of large crowds or intimidating settings!

Classes at **DuBow School** will be offered on **Fridays, beginning September 30th**. The weekly sessions will be offered at **starting 12:30pm and 1:15pm, and will cost \$40/month**.

To complete the registration process, you can either:

1. Register on our website at www.shiningstarsjax.com or
2. Fill out the form on the back and drop off in the box in the school lobby.
3. Fill out the FREE CLASS Voucher form to try before you buy. The free class will be held September 30th.

The program charges a low monthly tuition, which has no long-term obligation. The staff and children are wonderful and we feel privileged to be partnered with the preschool. We would love the opportunity to teach our Shining Stars way to your child as well!

To get more information about the Shining Stars Jacksonville program, visit www.shiningstarsjax.com

We can't wait to get started.

Thank you!

Shining Stars Jacksonville

904-402-0258

www.shiningstarsjax.com





Registration

DuBow

Monthly Tuition \$40

904.402.0258

www.shiningstarsjax.com

Sign Up Options:

1. Register Online at www.shiningstarsjax.com
2. Fill out this form and return it to your school
3. Try our Free Class first. Fill out the free class form and return to school

Child's Name: _____ Class: _____

Billing Address _____

City: _____ Zip Code _____

Parent/Guardian Name: _____

Phone: _____ Email: _____

Are you a staff member of the school? Yes: _____ No: _____

Payment Information:

MasterCard _____ VISA _____ Discover Card _____ Amex _____

Credit Card #: _____ Exp. ____/____

*To withdraw your child from classes, you must notify the Shining Stars Billing Department at info@shiningstarsjax.com or leave a message at 904.402.0258. Billing will continue to accrue if notification is not received.

Waiver/Indemnification: As parent/legal guardian of the child named herein, I hereby represent that the child has been examined by a pediatrician and is physically fit to participate in ShiningStars Jacksonville. I understand there are inherent risks in participating in this program. I hereby accept responsibility for and agree to pay any and all costs of medical treatment resulting from any injury suffered by my child as a result of his/her participation in ShiningStars Jacksonville. I further agree to indemnify and hold harmless ShiningStars Jacksonville, its agents, servants, employees and/or representatives from any and all liability, damage, cost or expense arising out of my child's participation, of every kind and nature, in ShiningStars Jacksonville. In the event that I cannot be reached in an emergency, I hereby give permission for care to be administered by a qualified ShiningStars Jacksonville staff member, EMT, physician/staff of a hospital, or any other qualified individual to provide any medical treatment deemed necessary for my child. ShiningStars Jacksonville may use photographs and/or videos of my child while participating in ShiningStars Jacksonville sponsored activities.

Signature: _____ Date: _____

