

Date: _____

Creative Beginnings Children's Academy Enrollment Form

Name of Child: _____ Birth Date: _____

Home Address: _____ Age: _____ Sex: _____
Street

City State Zip

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

City: _____ Zip: _____ City: _____ Zip: _____

Home Phone: _____ Cell: _____ Home: _____ Cell: _____

E-mail: _____ E-mail: _____

Place of Employment: _____ Place of Employment: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Parents are: Married Divorced Separated Single

Pick-up Authorization: I give Creative Beginnings permission to release my child to the people listed below. I understand I must notify the school **IN WRITING** if there are any changes.

Name: _____ Name: _____ Name: _____

Phone: _____ Phone: _____ Phone: _____

Relationship: _____ Relationship: _____ Relationship: _____

Persons whom my child(ren) may NOT be released to:

Name: _____ Name: _____ Name: _____

Phone: _____ Phone: _____ Phone: _____

Relationship: _____ Relationship: _____ Relationship: _____

Transportation Authorization: During the school year, students participate in off premises, pre-planned trips. Parents will be informed of such trips. I give permission for my child to go on Creative Beginning's trips. ___YES___NO

Emergency Contact: If unable to reach the parent(s), please call this emergency contact person. I give Creative Beginnings, permission to release my child to this emergency contact person.

Name: _____ Name: _____ Name: _____

Phone: _____ Phone: _____ Phone: _____

Relationship: _____ Relationship: _____ Relationship: _____

Child Information

Full Time Program _____ PT Preschool AM or PM _____

Elementary School _____

Child's Scheduled Hours of Attendance _____

Do you give permission for your child to be photographed for any promotions? _____ Yes _____ No

Does your child have any special fears? _____

What is your child's favorite food? _____

Does your child have any special interests? _____

Medical Information

Does your child have any allergies? _____

Describe any health information you feel we should know about your child: _____

Does your child currently have any persistent medical conditions? _____

Special Concerns: (glasses, hearing aid, etc) _____

Are there any activities that your child should NOT participate in? _____

I certify that the above information is correct to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

Child information records should be updated whenever necessary. Please change address, phone numbers, emergency contact information, etc. as often as needed

Parent Contract Agreement

1. I have read and understand all of Creative Beginnings' policies and procedures.
2. I agree to provide Creative Beginnings with all the required paperwork upon enrollment.
3. I agree to provide Creative Beginnings with accurate banking information for all automatic withdrawals. If any of my bank information has changed I will provide Creative Beginnings with all new bank information before the next payment is withdrawn.
4. I agree for Creative Beginnings to automatically withdraw my weekly tuition amount on Tuesdays of every week unless a holiday or other closing permits them from doing so.
- 5: I agree to pay a charge of \$30.00 for all refused withdrawals by the bank.
6. I understand that the sibling discount rate for two children is 5% off and the discount rate for three or more is 10% off the lower tuition rate.
7. There are no deductions or credits for absences due to illnesses, holidays, vacations or school closures due to weather conditions.
8. I understand that Creative Beginnings is closed on the following holidays: Labor Day, Memorial Day, Christmas Day, New Year's Day and Thanksgiving and the Friday after. Creative Beginnings also closes early on Christmas and New Year's Eve (all for which fees are still in effect).
9. I understand that all termination of enrollment requires a two week notice for full time children in writing. If two weeks is not given, I will agree for Creative Beginnings to continue to withdrawal my obligated tuition for the next two weeks.
10. I will not send my child to school is he/she is ill. For example: fever, infectious disease, vomiting etc.
11. If my child becomes ill at anytime throughout the day at Creative Beginnings, I will come and pick him/her up immediately, or an alternate will.
12. I understand that Creative Beginnings will charge me \$1.00 per minute per child for every minute I'm late picking up my child(ren). These fees will be automatically taken out of my account with my next tuition withdrawal.
13. This agreement shall become effective upon Creative Beginnings' execution hereof.
14. I understand that without this Parent Contract Agreement my registration will be null and void.

Parent/Guardian Signature: _____ Date: _____

Parent/ Guardian Signature: _____ Date: _____