

## APPLICATION FOR ADMISSION: SCHOOL YEAR 2024-2025

To be completed and returned to the office with **\$200.00** Enrollment Fee.  
ENROLLMENT IS NOT COMPLETED UNTIL THIS FORM IS RETURNED TO OUR OFFICE.

**Please check the number of days you are requesting:**

**2 Days/wk:** \_\_\_\_\_ **3 Days/wk:** \_\_\_\_\_ **4 Days/wk:** \_\_\_\_\_ **5 Days/wk:** \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_  
(Nickname, if different)

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
(Mother) (Father)

Home Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Sibling(s) Age(s) School(s) attending (if applicable)  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any physical or emotional problems that the school should be aware of in order to be more helpful during initial entrance period (i.e. allergies, fear of new adults, animals, large group situation, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_

Does your child use the toilet? \_\_\_\_\_ If "yes" Regularly \_\_\_\_\_ Usually \_\_\_\_\_ Seldom \_\_\_\_\_

What group experience has your child had? \_\_\_\_\_

Where and for how long? \_\_\_\_\_

How were you referred to our program? \_\_\_\_\_

**I UNDERSTAND THAT CREATIVE CHILDREN PRESCHOOL AND KINDERGARTEN DOES NOT GUARANTEE MY CHILD THE REQUESTED NUMBER OF DAYS. THE ENROLLMENT FEE IS NON-REFUNDABLE SHOULD I WITHDRAW MY CHILD AFTER CREATIVE CHILDREN HAS ACCEPTED THIS APPLICATION.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_