

APPLICATION FOR ADMISSION: SCHOOL YEAR 2026-2027

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** _____