

# Creation Corner – Kindergarten

## Registration Form for School Year 200\_ - 200\_

(Please Print)

**Child's Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Birthdate** \_\_\_\_\_ (M \_\_\_ / F \_\_\_ )

*Please complete below. If not attending full days, please note a.m. or p.m. choice. Children can attend half-days in the a.m. with p.m. enrichment and vice-versa. If choosing half-day Enrichment, please circle current choice of days. **Please note: Kindergarten Enrichment is not offered on Friday afternoons!** (Change in choice of days can be noted on final invoice.)*

**Full Days:** \_\_\_ **Half Days:** a.m. \_\_\_ p.m. \_\_\_ **(Half-Day)Enrichment:** a.m. \_\_\_ p.m. \_\_\_ M T W Th F

**Parents' Names** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**E-mail address** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Emergency Contacts:** (please supply names and phone numbers of two adults who can be responsible for your child in the event of sudden illness, emergency closing, etc. if you are not able to be reached during school hours.)

Name 1. \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name 2. \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Allergies** \_\_\_\_\_

**Special Needs** \_\_\_\_\_

**Pediatrician** \_\_\_\_\_

**Pediatrician's Office Phone** \_\_\_\_\_

*I am aware that all tuition payments will be due on the first Monday of each month, beginning in August. If I have chosen to pay semi-annually, payments are due in August and December. A final invoice, to be returned with first tuition payment, will confirm my child's attendance. A \$75.00 registration fee accompanies this form. I understand that registration fees are non-refundable. I agree to immediately inform staff of any changes to above information if necessary.*

**Parent's Signature:** \_\_\_\_\_

**Referred by:** \_\_\_\_\_

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Office Use Only:	M T W Th F	Annual Tuition \$ _____	Pd. in Full
Payment Plan:	Monthly @ \$ _____	Semi-Annual @ \$ _____	
Date Registration Paid _____	Cash _____	Check No. _____	Comments (on reverse side)