CREATIVE ACADEMY
early education & childcare

FAMILY REGISTRATION

Parent/Guardian Information

Registration Date:_____

Mother/Guardian First Name: _____ M.I.___ Last Name: _____

Address: _____

Occupation: _____ Home Phone: ( ) _____

Employed By: _____ Office Phone: ( ) _____

Work Address: _____ Work Hours: _____ Cell Phone: ( ) _____

[ ] Custodial Parent (If married, mark both parents) Mother's SS#: _____

Email: _____ Driver's License #: _____

Preferred PIN number for checking in/out (4 digits, numbers only) 1st choice __ __ __ __ 2nd Choice __ __ __ __

Marital Status:[ ] Married [ ] Single [ ] Divorced [ ] Separated [ ] Widowed [ ] Other_____

Father/Guardian First Name: _____ M.I.___ Last Name: _____

Address: _____

Occupation: _____ Home Phone: ( ) _____

Employed By: _____ Office Phone: ( ) _____

Work Address: _____ Work Hours: _____ Cell Phone: ( ) _____

[ ] Custodial Parent (If married, mark both parents) Father's SS#: _____

Email: _____ Driver's License #:_____

Preferred PIN number for checking in/out (4 digits, numbers only) 1st choice __ __ __ __ 2nd Choice __ __ __ __

Marital Status:[ ] Married [ ] Single [ ] Divorced [ ] Separated [ ] Widowed [ ] Other_____

Child Information

1st Child First Name: _____ M.I.___ Last Name: _____

Name child prefers to be called: _____ Grade/Class:_____

Child's Address: _____

Gender: [ ] Male [ ] Female Date of Birth:_____ Child's S.S. #: _____

Preferred Schedule: [ ] Full Week [ ] 3 Day = Mon Wed Fri [ ] 2 Day = Tues Thu

Hours Requested: [ ] Regular Day 9:00am - 3:30pm [ ] Early Bird (7:30am) [ ] Extended (6:00pm)

First Date of Anticipated Enrollment _____

List any existing medical conditions, medication and/or special attention your child may require?

_____

Allergies: _____

Pediatrician's Name: _____ Phone: ( ) _____

Address: _____

Photos: May we photograph your child for security purposes? [ ] Yes [ ] No For Newsletters etc [ ] Yes [ ] No

Child Information - Continued

2nd Child First Name: _____ M.I.___ Last Name: _____

Name child prefers to be called: _____ Grade/Class:_____

Child's Address: _____

Gender: [ ] Male [ ] Female Date of Birth:_____ Child's S.S. #: _____

Preferred Schedule: [ ] Full Week [ ] 3 Day = Mon Wed Fri [ ] 2 Day = Tues Thu

Hours Requested: [ ] Regular Day 9:00am - 3:30pm [ ] Early Bird (7:30am) [ ] Extended (6:00pm)

First Date of Anticipated Enrollment _____

List any existing medical conditions, medication and/or special attention your child may require?

_____

Allergies: _____

Pediatrician's Name: _____ Phone: ( ) _____

Address: _____

Photos: May we photograph your child for security purposes? [ ] Yes [ ] No For Newsletters etc [ ] Yes [ ] No

3rd Child First Name: _____ M.I.___ Last Name: _____

Name child prefers to be called: _____ Grade/Class:_____

Child's Address: _____

Gender: [ ] Male [ ] Female Date of Birth:_____ Child's S.S. #: _____

Preferred Schedule: [ ] Full Week [ ] 3 Day = Mon Wed Fri [ ] 2 Day = Tues Thu

Hours Requested: [ ] Regular Day 9:00am - 3:30pm [ ] Early Bird (7:30am) [ ] Extended (6:00pm)

First Date of Anticipated Enrollment _____

List any existing medical conditions, medication and/or special attention your child may require?

_____

Allergies: _____

Pediatrician's Name: _____ Phone: ( ) _____

Address: _____

Photos: May we photograph your child for security purposes? [ ] Yes [ ] No For Newsletters etc [ ] Yes [ ] No

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____PIN for check in/out (4 digits, numbers only) __ __ __ __

[ ] Able to pick up all children in the family [ ] Able to pick up following child only _____

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____PIN for check in/out (4 digits, numbers only) __ __ __ __

[ ] Able to pick up all children in the family [ ] Able to pick up following child only _____

3rd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____PIN for check in/out (4 digits, numbers only) __ __ __ __

[ ] Able to pick up all children in the family [ ] Able to pick up following child only _____

Tuition / Payment Information:

Current Tuition Amount: _____ [ ] Weekly [ ] Monthly [ ] Other_____

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

_____

_____

_____

Additional Comments & Information:

Is there is any other information that that would be helpful to our management and teaching staff?

_____

_____

Signature:

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Thank You!