



Office Use Only

Application Date: \_\_\_\_\_ Application Fee: \$25.00

**APPLICATION FOR ADMISSION**

CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ MALE ( ) FEMALE ( )  
NAME TO BE USED IN SCHOOL \_\_\_\_\_ HOME # \_\_\_\_\_ CELL # \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
E-MAIL \_\_\_\_\_ LAST SCHOOL ATTENDED \_\_\_\_\_  
NAME & BIRTHDATE OF SIBLINGS \_\_\_\_\_

Parents living at same address? Yes ( ) No ( )  
Child lives with ( ) Mother & Father ( ) Father ( ) Mother ( ) Other Adults

MOTHER'S NAME \_\_\_\_\_ FATHER'S NAME \_\_\_\_\_  
OCCUPATION \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
PLACE OF WORK \_\_\_\_\_ PLACE OF WORK \_\_\_\_\_  
WORK ADDRESS \_\_\_\_\_ WORK ADDRESS \_\_\_\_\_  
WORK PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

**EMERGENCY INFORMATION**

**CHILD'S PHYSICIAN**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ HOSPITAL \_\_\_\_\_

Whom do we call in an emergency if parents cannot be reached? Please give two names:

NAME/RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_  
NAME/RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

Does your child have any serious food allergies ? (if yes, please explain) Yes ( ) No ( ) \_\_\_\_\_

Has anyone in your family previously attended CLC? Yes ( ) No ( )



A **\$25 NON-REFUNDABLE** application fee is required at the time this form is submitted and covers your registration should there be a space for your child. Please make checks payable to Creative Learning Center.

**PLEASE TURN OVER TO REQUEST PROGRAM**

Office Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NEW APPLICATION**

Name \_\_\_\_\_

Child's Birthday \_\_\_\_\_

**PLEASE INDICATE YOUR PROGRAM PREFERENCE**

20\_\_\_\_ - 20\_\_\_\_ SCHOOL TERM

**PRESCHOOL/ PREKINDERGARTEN**

\_\_\_ 9:00 – 11:30 MON through FRI

\_\_\_ 12:30 – 3:00 MON WED FRI

\_\_\_ 12:30 – 3:00 MON through FRI

\_\_\_ 9:00 – 2:30 MON through FRI

**MORNING JR. KINDERGARTEN\***

\_\_\_ 8:30 – 11:30 MON through FRI

\_\_\_ 8:30 – 11:30 MON through FRI + add to 2:30

**AFTERNOON JR. KINDERGARTEN\***

\_\_\_ 12:30 – 3:00 MON through FRI

\_\_\_ 12:30 – 3:00 MON through FRI + add to 9:00 to 12:30

\*SEE FEE SCHEDULE FOR AGE REQUIREMENTS

**ADD ON OPTIONS**

\_\_\_ EXTEND 11:30 – 2:30 – TUES & THURS: **RAINBOW ENRICHMENT**

**BEFORE SCHOOL – INDICATE DAYS**

\_\_\_ MON \_\_\_ TUE \_\_\_ WED \_\_\_ THURS \_\_\_ FRI

**REGULARLY SCHEDULED LUNCH (LUNCH BUNCH) ~ RESERVATIONS ACCEPTED 1<sup>st</sup> WEEKDAY IN AUGUST**



**SUMMER SESSION PROGRAMS**

20\_\_\_\_ **SUMMER SESSION** \_\_\_ SESSION 1 \_\_\_ SESSION 2

**ADD ON OPTIONS**

\_\_\_ 9:00 – 11:30 MON through FRI

\_\_\_ EXTEND 11:30 – 2:30 on MON WED FRI

\_\_\_ 12:30 – 3:00 MON WED FRI

\_\_\_ EXTEND 11:30 – 2:30 on TUES & THUR

\_\_\_ 9:00 – 2:30 MON through FRI

**BEFORE SCHOOL: 7:30 – 9:00 INDICATE DAY(S)**

\_\_\_ MON \_\_\_ TUE \_\_\_ WED \_\_\_ THURS \_\_\_ FRI

**LUNCH: INDICATE DAY(S)**

\_\_\_ MON \_\_\_ TUE \_\_\_ WED \_\_\_ THURS \_\_\_ FRI

( ) **EXPLORERS\*** select schedule as indicated above.

\*FOR CHILDREN ENTERING OR JUST COMPLETING KINDERGARTEN