



www.clcalamo.com / clcalamo@sbcglobal.net

Office Use Only

Application Date: _____

Application Fee: _____ \$25.00

APPLICATION FOR ADMISSION

CHILD'S NAME _____ BIRTH DATE _____ MALE () FEMALE ()

NAME TO BE USED IN SCHOOL _____ PHONE #1 _____ HOME / MOM / DAD / CELL

PHONE #2 _____ HOME / MOM / DAD / CELL

ADDRESS _____ CITY _____ ZIP _____

E-MAIL _____ LAST SCHOOL ATTENDED _____

NAME & BIRTH DATE 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 food allergies or restrictions? (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 _____

SCHOOL YEAR:

2017-2018 _____

2018-2019 _____

PLEASE INDICATE YOUR PROGRAM PREFERENCE

PRESCHOOL/ PREKINDERGARTEN

JR. KINDERGARTEN (Age 4 by Sept. 1)

(please circle choices)

___ 9:00 – 11:30 M-F MWF TTH

___ 8:30 – 11:30 MON through FRI

___ 12:30 – 3:30 M-F MWF TTH

___ 12:30 – 3:30 MON through FRI

___ 9:00 – 3:30 M-F

+ ADD to AM or PM Program (please circle choices)

___ 9:00 – 11:30 or 12:30 – 3:30 M-F MWF TTH

ADD ON OPTIONS – PLEASE INDICATE DAYS

BEFORE SCHOOL 7:30 – 8:30/9:00 ___ MON ___ TUE ___ WED ___ THURS ___ FRI

LUNCH PROGRAM 11:30 - 12:30 ___ MON ___ TUE ___ WED ___ THURS ___ FRI



2017 SUMMER SESSION

___ SESSION 1 ___ SESSION 2

(please circle choices)

___ 9:00 – 11:30 M-F MWF TTH

___ 12:30 – 3:30 M-F MWF TTH

___ 9:00 – 3:30 M-F MWF TTH

ADD ON OPTIONS – PLEASE INDICATE DAYS

BEFORE SCHOOL 7:30 – 9:00 ___ MON ___ TUE ___ WED ___ THURS ___ FRI

LUNCH PROGRAM 11:30 - 12:30 ___ MON ___ TUE ___ WED ___ THURS ___ FRI

() EXPLORERS FOR CHILDREN ENTERING OR JUST COMPLETING KINDERGARTEN

() CURIOUS CAMPERS