

Creative School Enrollment Application 2019-2020

Date of Admission _____ (completed by office)

Child's Name _____ Boy _____ Girl _____

Child's Preferred Name: _____

Address _____ Phone _____

City _____ Zip Code _____

Date of Birth: _____ Child's Age (on Sept. 1st) Years _____ Months _____

Family's Primary Email Address _____

Special health, behavioral or family consideration (e.g. allergies, medications, medical conditions, hospitalizations in past year, divorce, developmental or behavioral concerns);

Father's Name _____

Business phone _____

Email _____

Cell phone _____

Occupation _____

Employer _____

(or previous occupation/training)

Church Membership _____

Mother's Name _____

Business phone _____

Email _____

Cell phone _____

Occupation _____

Employer _____

(or previous occupation/training)

Church Membership _____

Once registration fee is paid to secure class placement, the fee is non-refundable.

___ 2 Day Class Registration Fee \$350

___ 4 Day Class Registration Fee \$400

___ 3 Day Class Registration Fee \$375

___ 5 Day Class Registration Fee \$425

___ \$240/MO MW Young 2's 20 mo by 9/1/2019

___ \$240/MO T/Th 3's

___ \$240/MO T/Th Young 2's 20 mo by 9/1/2019

___ \$340/MO T/Th/Fri 3's

___ \$240/MO T/Th 2's 24 mo by 9/1/2019

___ \$335/MO MWF 3's

___ \$345/MO MWF 2's 24 mo by 9/1/2019

___ \$370/MO M-Th 3's

___ \$240/MO T/Th Older 2's 3 yrs by 12/31/2019

___ \$370/MO M-Th 4's

___ \$345/MO MWF Older 2's 3 yrs by 12/31/2019

___ \$420/MO M-F 4's

Extended Care Noon – 2:00 \$45 per month, per day Circle choices below

Monday Tuesday Wednesday Thursday Friday

Parent Signature _____

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RELEASE FORM

IF MY CHILD BECOMES ILL OR INJURED, I AUTHORIZE WHUMC CREATIVE SCHOOL AND ITS AGENTS TO OBTAIN EMERGENCY MEDICAL CARE AT TEXAS HEALTH PRESBYTERIAN HOSPITAL DALLAS OR THE NEAREST MEDICAL FACILITY, AND I HEREBY RELEASE SAID SCHOOL AND ITS AGENTS FROM LIABILITY FOR ACTION TAKEN PURSUANT OF THIS RELEASE.

Signature of Parent or Guardian

Date

Please note: Enrollment is not complete until the following items are submitted to the Creative School office:

- **Financial Contract**
- **Registration Fee**
- **Enrollment Application**
- **Child Pick-Up and Emergency Authorization Form**

The Medical Information Form, signed by your child's Physician, is due before the FIRST DAY OF SCHOOL

September Tuition is due on May 1st in order to reserve your child's place in a class.

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CHILD PICK-UP AND EMERGENCY AUTHORIZATION FORM

To ensure the safety of your child, we are asking parents to complete this Pick-Up and Emergency Authorization Form. If we do not know the person coming to pick up your child, we will require a picture ID.

Child's Name: (Print) _____ Date: _____

Parent's Signature: _____

Please complete this section if you have a regular babysitter or relative who will be picking up your child. This individual will be contacted first, should there be a delay in pick-up.

PARENTS ARE AUTHORIZED TO PICK-UP THEIR CHILD. ADDITIONALLY, THE FOLLOWING SECONDARY PERSON(S) HAVE MY PERMISSSION TO PICK-UP MY CHILD ON A REGULAR BASIS.

1st Name: _____ Cell # _____ Relationship _____

2nd Name: _____ Cell # _____ Relationship _____

EMERGENCY PICKUP AUTHORIZATION

IN AN EMERGENCY, IF THE PARENTS OR SECONDARY PERSONS CANNOT BE REACHED, THESE INDIVIDUALS MAY BE CALLED. PLEASE ONLY INCLUDE FAMILY MEMBERS WHO LIVE CLOSE ENOUGH THAT THEY WOULD BE ABLE TO COME PICK-UP YOUR CHILD. IF NECESSARY, MY CHILD MAY BE RELEASED TO THE FOLLOWING PERSONS:

Name:			
Cell Phone:		Work Phone:	
Address:		City, State	
Relationship:			

Name:			
Cell Phone:		Work Phone:	
Address:		City, State	
Relationship:			

Name:			
Cell Phone:		Work Phone:	
Address:		City, State	
Relationship:			