

# Creative School Enrollment Application 2017-2018

Date of Admission \_\_\_\_\_ (completed by office)

Child's Name \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Child's Age (on 9/1) 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 \_\_\_\_\_  
Email \_\_\_\_\_  
Occupation \_\_\_\_\_  
(or previous occupation/training)

Business phone \_\_\_\_\_  
Cell phone \_\_\_\_\_  
Employer \_\_\_\_\_  
Church Membership \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Email \_\_\_\_\_  
Occupation \_\_\_\_\_  
(or previous occupation/training)

Business phone \_\_\_\_\_  
Cell phone \_\_\_\_\_  
Employer \_\_\_\_\_  
Church Membership \_\_\_\_\_

\_\_\_\_\_ Pre-K Registration Fee – \$375, includes a \$40 Supply fee (Non-Refundable)

\_\_\_\_\_ Kindergarten Registration – \$525, includes \$100 Supply fee (Non-Refundable)

_____	\$230/MO	MW	Young 2's	20 mo by 9/1/2016	_____	\$230/MO	Tu/Th 3's
_____	\$230/MO	T/Th	– Young 2's	20 mo by 9/1/2016	_____	\$330/MO	Tu/Th/Fri 3's
_____	\$230/MO	Tu/Th	2's	24 mo by 9/1/2016	_____	\$325/MO	MWF 3's
_____	\$325/MO	MWF	2's	24 mo by 9/1/2016	_____	\$360/MO	M-Th 4's
_____	\$230/MO	T/Th	Older 2's	3 yrs by 12/31/2016	_____	\$410/MO	M-F 4's
_____	\$325/MO	MWF	Older 2's	3 yrs by 12/31/2016	_____	\$565/MO	Kindergarten

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

Monday                      Tuesday                      Wednesday                      Thursday                      Friday

Parent Signature \_\_\_\_\_

# Creative School Emergency Information/Release 2017-2018

IN AN EMERGENCY, IF THE PARENTS CANNOT BE LOCATED, THESE INDIVIDUALS MAY BE CALLED, AND IF NECESSARY THE CHILD MAY BE RELEASED TO THE FOLLOWING:

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RELATIVE OR FRIEND	ADDRESS-ZIP CODE	PHONE
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RELATIVE OR FRIEND	ADDRESS-ZIP CODE	PHONE
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RELATIVE OR FRIEND	ADDRESS-ZIP CODE	PHONE
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RELATIVE OR FRIEND	ADDRESS-ZIP CODE	PHONE
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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.**

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Signature of Parent or Guardian

Date

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

- Financial Contract
- Registration Fee
- Enrollment Application

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

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