

Creative School Enrollment Application 2018-2019

Date of Admission _____ (completed by office)

Child's Name _____ Boy _____ Girl _____

Address _____ Phone _____

City _____ Zip Code _____

Date of Birth: _____ Child's Age (on 9/1/18) 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)

_____	\$235/MO	MW Young 2's	20 mo by 9/1/2018	_____	\$235/MO	T/Th 3's
_____	\$235/MO	T/Th Young 2's	20 mo by 9/1/2018	_____	\$340/MO	T/Th/Fri 3's
_____	\$235/MO	T/Th 2's	24 mo by 9/1/2018	_____	\$335/MO	MWF 3's
_____	\$335/MO	MWF 2's	24 mo by 9/1/2018	_____	\$370/MO	M-Th 4's
_____	\$235/MO	T/Th Older 2's	3 yrs by 12/31/2018	_____	\$420/MO	M-F 4's
_____	\$335/MO	MWF Older 2's	3 yrs by 12/31/2018			

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 2018-2019

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:

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.

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

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