

# Creative School Enrollment Application 2020-2021

Admission Date \_\_\_\_\_  
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 \_\_\_\_\_

\_\_\_\_ Registration Fee \$200 **Once registration fee is paid to secure class placement, the fee is non-refundable.**

### Please indicate a 1<sup>st</sup> choice and 2<sup>nd</sup> choice for class selection

_____	\$260/MO	MW Young 2's	20 mo. by 9/1	_____	\$355/MO	T/Th/Fri 3's	3 yrs. by 9/1
_____	\$260/MO	T/Th Young 2's	20 mo. by 9/1	_____	\$350/MO	MWF 3's	3 yrs. by 9/1
_____	\$260/MO	T/Th 2's	2 yrs. by 9/1	_____	\$390/MO	M-Th 3's/4's	4 yrs. by 12/31
_____	\$360/MO	MWF 2's	2 yrs. by 9/1	_____	\$430/MO	M-F 4's	4 yrs. by 9/1

### Supply Fee – paid Sept 1 and Jan 1

2-day class Supply fee \$75 Sept 1, \$75 Jan 1      4-day class Supply fee \$100 Sept 1, \$100 Jan 1  
3-day class Supply fee \$87.50 Sept 1, \$87.50 Jan 1      5-day class Supply fee \$112.50 Sept 1, \$112.50 Jan 1

**Extended Care**      **Noon – 2:00**      **\$45 per month, per day**      **Circle choices below**  
Monday      Tuesday      Wednesday      Thursday      Friday

**Kindergarten Readiness (4 year olds only)**      **Noon – 2:00**      **\$60 per month, per day**  
Tuesday      Wednesday      Thursday

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

**Creative School Application Enrollment 2020-2021**

**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**
- **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**

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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.**

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## CHILD PICK-UP AND EMERGENCY AUTHORIZATION FORM

To ensure the safety of your child, we are asking parents to complete the Emergency Pickup 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: \_\_\_\_\_

### EMERGENCY PICKUP AUTHORIZATION

PARENTS ARE AUTHORIZED TO PICK-UP THEIR CHILD. IF THE PARENTS ARE UNAVAILABLE, PLEASE LIST SECONDARY PERSONS, WHO MAY BE CALLED.

FAMILY BABYSITTERS WHO PICK UP REGULARLY, SHOULD BE LISTED FIRST. PLEASE ONLY INCLUDE FAMILY MEMBERS WHO LIVE CLOSE ENOUGH THAT THEY WOULD BE ABLE TO COME PICK-UP YOUR CHILD.

MY CHILD MAY BE RELEASED TO THE FOLLOWING PERSONS:

# 1				
Name:				
Cell Phone:		Work Phone:		
Address:			City, State	
Relationship:				

#2				
Name:				
Cell Phone:		Work Phone:		
Address:			City, State	
Relationship:				

#3				
Name:				
Cell Phone:		Work Phone:		
Address:			City, State	
Relationship:				