

# Creative School Enrollment Application 2021-2022

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 **Registration fee is paid to secure class placement and is non-refundable.**

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

_____	\$280/MO	MW Young 2's	20 mo. by 9/1	_____	\$380/MO	T/Th/Fri 3's	3 yrs. by 9/1
_____	\$280/MO	T/Th Young 2's	20 mo. by 9/1	_____	\$380/MO	MWF 3's	3 yrs. by 9/1
_____	\$280/MO	T/Th 2's	2 yrs. by 9/1	_____	\$535/MO	M-Th 4's **	4 yrs. by 9/1
_____	\$380/MO	MWF 2's	2 yrs. by 9/1	_____	\$580/MO	M-F 4's **	4 yrs. by 9/1

\*\*includes Kindergarten readiness 12 - 2 p.m. T-TH

## Supply Fee – paid Sept 1 and Jan 1

2-day class Supply fee \$87.50	Sept 1, \$87.50	Jan 1	4-day class Supply fee \$125	Sept 1, \$125	Jan 1
3-day class Supply fee \$100	Sept 1, \$100	Jan 1	5-day class Supply fee \$137.50	Sept 1, \$137.50	Jan 1

<b>Lunch Bunch</b>	<b>Noon – 2:00</b>	<b>\$50 per month, per day</b>	<b>Circle choices below</b>
Monday	Tues	Weds	Thurs 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.

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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:**

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

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:				