



## CREATIVE CHILD INC.

Dear Parents:  
This is the Parent Information Packet

### ENROLLMENT PROCEDURES

Please read the materials carefully to make sure you understand the Contract for Enrollment and the other required forms. Use this form as a check off form while completing application. Do not hesitate to contact the office if you have any questions.

1. Complete and sign the Contract for Enrollment form. Your signature shows your acceptance of the contract.
2. Complete Child Enrollment Form
3. Complete and sign the Social Media Agreement if applicable.
4. Attach Immunization Records
5. Please fill out and sign Allergy/Health Information sheets
6. Please fill out Meal Benefit Form

Creative Child Early, Inc.  
Contract of Enrollment

Parent(s)/Guardian Names: \_\_\_\_\_  
Students Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

I understand that upon Creative Child Inc. acceptance of enrollment of my (our) Child, the following terms and conditions apply.

1. All tuition is due and payable on the Friday prior to the Monday of each week. Tuition may be paid weekly, Or in monthly payments. A late charge of \$25 will be applied to any unpaid balance by day's end on Tuesday of that week. If a vacation week has been planned, tuition is due the week before.
2. A registration/materials fee of \$75 per child / \$100 per family and the 1st weeks' tuition is due at Time of acceptance or during the registration period, and will be due in September of each school year.
3. No credits or refunds will be made for absences such as vacation, illness, weather-related program Closure, etc.
4. We provide a trial period of two weeks during which time the school may request that the student be withdrawn.
5. Parents of students enrolled at Creative Child Early Learning Center are asked to notify the school in writing, as soon as possible, if they will not be returning for the next school year.
6. A two week notice is required for all families if a student is withdrawing from the school.
7. If legal channels are involved for any collections, the signer of this agreement will be liable for all fees.
8. The center will be closed the 4<sup>th</sup> of July week and will be considered a vacation week and a 15% discount will be applied to your tuition
9. A 15% discount can be used toward tuition twice during the school year for vacation weeks.
10. Creative Child, Inc. has the right to increase rates at any time.
11. Children entering our pre-school program must have attained the age of 3 years old. Proof of age must be submitted during enrollment.
12. Creative Child, Inc. accepts State CCAP. Creative Child has the right to determine full time attendance.
13. All CCAP Participants are authorized to up to 42.5 hours per week for full time CCAP.
14. Creative Child will not accept personal checks or money orders... All tuitions except for cash paying must be processed through TUITION EXPRESS.

*I (we) agree to fulfill all financial obligations of this contract promptly as explained above. I (we) Understand that the tuition payment is due the Friday before the beginning of the following week. If payment is not in the Center by the end of Tuesday afternoon of each week, a late charge of \$25 will be applied to the account. I (we) also understand that the deposit is non-refundable. I (we) Understand and agree to the terms set forth above of the Contract for Enrollment.*

**Enrollment of the following programs**

Your child will be enrolled as follows: (Please circle the program, days below and fill in the times your child will be attending.)

Infants Toddlers Preschool ½ day/ All Day Preschool/ Before/After school age /before school/ after school /Vacation

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Time: _____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____

The fee will be as follows: Toddlers/Pre-School/Kinder Care/School age/Vacations will be as follows

\$ \_\_\_\_\_ per week. Starting Date: \_\_\_\_\_

Signature of Parent of Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
X \_\_\_\_\_

X \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Center Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FAMILY REGISTRATION FORM

SHEET 1 of 3

### Parent/Guardian Information

Registration Date: \_\_\_\_\_

Mother/Guardian First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Custodial Parent (If married, mark both parents) Mother's SS #: \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Preferred PIN number for checking in/out (4 digits only) 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

Marital Status  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

Father/Guardian First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Custodial Parent (If married, mark both parents) Father's SS #: \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Preferred PIN number for checking in/out (4 digits only) 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

Marital Status  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

### Child Information

Child First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Child's SS #: \_\_\_\_\_

List any existing medical conditions, medication, and/or special attention your child may require.

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

## FAMILY REGISTRATION FORM

SHEET 2 of 3

### Child Information - Continued

**2<sup>nd</sup> Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Child's SS #: \_\_\_\_\_

List any existing medical conditions, medication, and/or special attention your child may require.

Allergies: \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone: (   ) \_\_\_\_\_

Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**3<sup>rd</sup> Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Child's SS #: \_\_\_\_\_

List any existing medical conditions, medication, and/or special attention your child may require.

Allergies: \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone: (   ) \_\_\_\_\_

Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**4<sup>th</sup> Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Child's SS #: \_\_\_\_\_

List any existing medical conditions, medication, and/or special attention your child may require.

Allergies: \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone: (   ) \_\_\_\_\_

Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

## FAMILY REGISTRATION FORM

SHEET 3 of 3

### Emergency Contacts & Authorized Pickup Persons:

**1<sup>st</sup> Contact Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ PIN for check in/out (4 digit number only) \_\_\_\_\_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

**2<sup>nd</sup> Contact Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ PIN for check in/out (4 digit number only) \_\_\_\_\_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

**3<sup>rd</sup> Contact Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ PIN for check in/out (4 digit number only) \_\_\_\_\_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

**4<sup>th</sup> Contact Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ PIN for check in/out (4 digit number only) \_\_\_\_\_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

### Tuition/Payment Information:

Current Tuition Amount: \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other: \_\_\_\_\_

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above

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### Additional Comments & Information:

Is there any other information that would be helpful to our management and teaching staff?

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Signature:

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you!

Parental/Guardian Consent Form

Creative Child, Inc. is sending you this parental consent form to request your permission for your child's photo/image to be published on our company website/company Facebook page/newspaper. Please check one of the selections below and return this form to your classroom teacher...

I/We GRANT permission for Creative Child, Inc. to use my child's photograph/image on either of the Company's websites.

I/We DO NOT GRANT permission for Creative Child, Inc. to use my child's photograph/image on either of the company's websites.

CHILD'S

NAME



PARENT

SIGNATURE

DATE

\*You may at any time change your mind about the status of this request form by calling the administrative offices.

## EMERGENCY MEDICAL CONSENT FORM

Creative Child, Inc. has my permission to obtain Emergency medical treatment for my child/children

when I cannot be reached or if a delay in reaching a parent/guardian would be dangerous for him/her.

Mother/Guardian

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

My insurance provider is \_\_\_\_\_

Preferred hospital/treatment center

Kent County Hospital

Hasbro Children's Hospital

My child is taking the following medications

My child has the following allergies

I understand that I assume all financial responsibility for any treatment of severe illness and/or injuries sustained by my child while he/she is in child care.

Signature of Parent or Guardian Date \_\_\_\_\_

Signature of Parent or Guardian Date \_\_\_\_\_