



Creative Minds Learning Centers - Application for Enrollment

Applications are accepted until classes are filled, at which time we will begin a waiting list. Completing this form does not guarantee enrollment. You will be contacted by phone, email or letter regarding availability of enrollment.

Child's Name: _____ Date of Birth: _____
Home Address: _____ Home Phone Number: _____

Parent/ Guardian Information #1

Name: _____ Home Phone Number: _____
Place of Work: _____ Work Phone Number: _____
Cell/ Pager number: _____ Email Address: _____

Parent/ Guardian Information #2

Name: _____ Home Phone Number: _____
Place of Work: _____ Work Phone Number: _____
Cell/ Pager number: _____ Email Address: _____

Additional Emergency Contacts (has permission to call or pick up child in the event of an emergency):

1. Name: _____ Relationship to Child: _____ Phone Number: _____
2. Name: _____ Relationship to Child: _____ Phone Number: _____
3. Name: _____ Relationship to Child: _____ Phone Number: _____

Additional Individuals I authorize to pick up my child:

1. Name: _____ Relationship to Child: _____ Phone Number: _____
2. Name: _____ Relationship to Child: _____ Phone Number: _____

Please Check off the Program you are applying for:

- Full time, Days and hours(indicate program/ class): _____
 Part time, Days and hours (indicate program/ class): _____

What is your ideal start date? _____ How did you hear about us? _____

Parent/ Guardian Signature: _____ Date: _____

Parent/ Guardian Signature: _____ Date: _____

Director Signature: _____ Date: _____

Date Enrolled: _____ Fees Paid: _____