



## 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:

- Toddler Class- Full time, Days and hours: \_\_\_\_\_
- Toddler Class- Part time, Days and hours: \_\_\_\_\_
- Preschool Class- Full time, Days and hours: \_\_\_\_\_
- Preschool Class- Part time, Days and hours: \_\_\_\_\_
- Pre Kindergarten Class- Full time, Days and hours: \_\_\_\_\_
- Pre Kindergarten Class- Part time, Days and hours: \_\_\_\_\_
- Kindergarten Class- Full time, Days and hours: \_\_\_\_\_
- Kindergarten Class- Part time, Days and hours: \_\_\_\_\_

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: \_\_\_\_\_