

Admission Application 2009 – 2010

Student Information

Date: _____

Name First Middle Last Nickname

Home Address Street City State Zip

Male Female Date of Birth Home Phone Social Security No.

Current or Most Recent School School Address

Parent Information

Mother's Name First Middle Last Soc. Security No.

Home Address Street (If different from applicant) City State Zip

Home Phone Work Phone Cell/ Pager Email

Employer Name Occupation Position Address

Father's Name First Middle Last Soc. Security No.

Home Address Street (If different from applicant) City State Zip

Home Phone Work Phone Cell/ Pager Email

Employer Name Occupation Position Address

Applicant Lives With:

Both Parents: _____ Mother: _____ Father: _____ Legal Guardian (Please Explain): _____

Who is/are the applicant's legal guardian(s): _____

Who is the person responsible for all tuition and fees: _____

Applicant's Siblings:

_____	_____	_____	_____
Sibling Name	Age	Current Grade	Current School
_____	_____	_____	_____
Sibling Name	Age	Current Grade	Current School

Additional information:

How did you hear of Creative Minds CDC: _____

Were you referred by: A Parent _____ Name _____

A Teacher _____ Name: _____

Other _____ Name: _____

Name of the school applicant currently attends: _____ Grade _____

School Address Street	City	State	Zip
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Name of the school applicant previously attended: _____ Grades _____

Is there any medical or any other condition that we need to be aware of _____

What else should we know about the applicant, or his or her family (art, music, sports, hobbies, second languages, special interests, etc.): _____

Program Selection

- Infant Toddler Preschool/KG Extended Care Summer
- All Day & # of Days
 - # of Days
- Half Day & # of Days (M/T/W/Th/F)
 - AM
 - PM
- Potty Trained (Y/N)

If you want to enroll your child in the Toddler Option, please indicate here and sign next to it below:

___ Yes

___ No

Signature: _____

I have read, understand and agree to abide by Creative Minds CDC Policies. I agree to pay tuition, all emergency medical, dental, and emergency evacuation costs for my child.

Please include
a photo of the
applicant

Signature of parent/guardian

Date

Signature of person responsible for payment and debt

Date

Signature of facility representative

Date

Please enclose the \$75.00 non-refundable application fee