



TEMPORARY ENROLLMENT FORM FOR SCHOOL AGE PROGRAM

Date: _____ Name of School / Grade: _____

| | | |
|----------------------|--|----------------------|
| CHILD'S NAME: | | Child's Age/Birthday |
| Address: | | Child's Home Phone: |
| City, State & Zip | | |

| | | | |
|------------------------------------|-------------|------------------------|-----|
| PARENT / GUARDIAN NAME: | | Relationship To Child: | |
| Address (if different from child:) | | City, State, | Zip |
| Home Phone: | Cell Phone: | Email: | |
| Employer: | | Work #: | |

| | | | |
|------------------------------------|-------------|------------------------|-----|
| PARENT / GUARDIAN NAME: | | Relationship To Child: | |
| Address (if different from child:) | | City, State, | Zip |
| Home Phone: | Cell Phone: | Email: | |
| Employer: | | Work #: | |

PLEASE CHECK WHICH PROGRAM YOU ARE REGISTERING FOR:

| | | | |
|---------------------------------|--------------------------------|---|--------------------|
| Before School Program: _____ | After School Program: _____ | Before & After School Program: _____ | Fun Days: _____ |
|---------------------------------|--------------------------------|---|--------------------|

Approximate time for drop off in the morning for the Before School Program: _____

Approximate time you will pick up your child from the After School Program: _____

How did you hear about our Center? _____

Any comments or suggestions to better serve you? _____

Please check if you would like receive emails regarding special events at Creative Early Learning Center. (Check one)

 YES

 NO

FOR OFFICE USE ONLY:

Admittance Date: _____

Before School: _____

After School: _____

Registration Fee: _____

Before/After School: _____

Fun Days: _____

Tuition Fee: _____

Additional Info: _____