



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: _____
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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: _____