



T E M P O R A R Y E N R O L L M E N T F O R M

Date: _____

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 #:

What program are you interested in? _____

Days your child will attend child care? (circle) M T W H F

Approximate time for drop off: _____ Approximate time for pick up: _____

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: _____	Orientation Date / Time: _____
Class: _____	Teacher: _____
Tuition Fee: \$ _____	Registration Fee: _____
Teacher Copy: _____	Entered in System: _____
Additional Information: _____	