



Application Date _____

Enrollment Date _____

_____		_____	_____	_____
Child's Full Name	(Nickname)	Age	Gender	Date of Birth
_____		_____	_____	_____
Mother's Full Name	Home Phone	Cell Phone	Last 4#	
SSN		_____		
Address		City/State/Zip		
_____		_____		
Mother's Email Address		Mother's Driver's License Number		
_____		_____		
Mother's Employer		Employer's Phone Number		
_____		_____		
Father's Full Name		Home Phone	Cell Phone	Last 4# SSN
_____		_____	_____	_____
Address		City/State/Zip		
_____		_____		
Father's Email Address		Father's Driver's License Number		
_____		_____		
Father's Employer		Employer's Phone Number		
_____		_____		

Required

VISA/MASTERCARD	
_____	_____
Name on Card	CVV #(back of card)
_____	_____
Card Number	Expiration Date
*If you leave the center with a balance on your account, your credit card will be charge with the outstanding balance.	
Marital Status: ___ Married ___ Single ___ Divorced ___ Separated ___ Widowed	
Legal Guardian: ___ Both ___ Mother ___ Father ___ Other / Child Lives With: ___ Both ___ Mother ___ Father ___ Other	
If other Define Relationship _____	
Creative Corner agrees to provide care for _____ on M-T-W-T-F- From _____ To _____	



The Child may be released to the child's legal guardian(s) or the following people:

Name	Relationship	Driver's License #	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

See Reverse Side

Information About Your Child

Does your child have any known allergies: No _____ Yes _____ If Yes Explain _____

Does your child have any chronic illnesses/conditions: No _____ Yes _____ Explain _____

Please give any information concerning your child which will be helpful in his/her experience in group settings (such as play, eating and sleeping habits, special fears, special likes or dislikes). _____

Name of child's doctor _____ Phone Number _____

Name of child's dentist _____

Hospital preference _____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Signature of Parent/Legal Guardian _____ Date _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provision will be made for adequate and appropriate rest and outdoor play.

Signature of Operator _____ Date _____

I agree to the use of photos of my child _____ for promotional purposes.



Child's Name _____

Parent's Signautre _____ Date _____

I do not agree to the use of photos of my child _____ for promotional purposes.

Child's Name _____

Parent's Signautre _____ Date _____