



# CREATIVE BEGINNINGS

— CHILD CARE CENTER —

## Registration Form

CHILD'S NAME: \_\_\_\_\_

GENDER (please circle)      M      F

CHILD'S DATE OF BIRTH: \_\_\_\_\_

### Parent/Guardian 1

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## PARENT/Guardian 2

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Town/State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## CURRICULUM & ENROLLMENT

Creative Beginnings offers daily full-time curriculum between the hours of  
7:00 a.m. to 5:30 p.m.

Full-day tuition is as follows:

### **Preschool Room**

5 full days: \$265  
4 full days: \$240  
3 full days: \$200  
2 full days: \$150

### **Toddler Room**

5 full days: \$275  
4 full days: \$250  
3 full days: \$210  
2 full days: \$160

### **Infant Room**

5 full days: \$305  
4 full days: \$265  
3 full days: \$225  
2 full days: \$180

We charge each week of attendance, for the care provided that week. Payment accepted, ACH only. There will be a late fee of \$10 per day for each day that payment is late starting on Fridays of each week. Care will be immediately terminated for any account that is two weeks past due. Additionally, a \$1 fee will be charged for every minute the parent/guardian is late picking up the child after 5:30 p.m.

There is a \$100.00 enrollment fee (one fee per family) one time fee with sign on.

*\*Rates valid from January 2016-December 2016*

PLEASE INDICATE THE DAYS/TIMES YOU WISH TO ENROLL YOUR CHILD (by marking with an "X"):

**Child 1**

Day of the Week	FULL DAY
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

**Child 2 (if applicable)**

Day of the Week	FULL DAY
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

ABOUT YOUR CHILD:

Does your child have any medical Conditions? If yes, please explain:

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Does your child have any allergies (including food allergies or foods that he/she cannot eat)? If yes, please explain:

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Does your child have any concerns or problems with sight, hearing or speech? If yes, please explain:

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Does your child have any siblings currently enrolled at Creative Beginnings?

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If yes, please list names and date(s) of birth: \_\_\_\_\_

Please note that proof of updated vaccinations must be presented to Creative Beginnings prior to your child beginning school.

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SIGNATURE OF PARENT/GUARDIAN

DATE \_\_\_\_\_

Non-refundable deposit received on: \_\_\_\_\_

By: \_\_\_\_\_ for Creative Beginnings



## Emergency Information Form

CHILD'S NAME:

\_\_\_\_\_

If PARENT 1 or PARENT 2 (as listed on Page 1 of the Registration Form) cannot be reached in the event of an emergency, please contact:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

OR

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Town/State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

If PARENT 1 or PARENT 2 or the alternate emergency contacts listed above cannot be reached in the event of an emergency, please utilize the following information:

Child's Physician (name, address and phone): \_\_\_\_\_  
\_\_\_\_\_

Child's Dentist (name, address and phone): \_\_\_\_\_  
\_\_\_\_\_

Hospital Preference (if immediate treatment is necessary): \_\_\_\_\_

If Creative Beginnings is unable to contact me or any other person indicated on this form in the event of an emergency, I hereby authorize the school to contact the physician and/or hospital indicated above, as the school deems appropriate.

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SIGNATURE OF PARENT/GUARDIAN

DATE \_\_\_\_\_



# CREATIVE BEGINNINGS

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## Authorization for Pick-Up Form

CHILD'S NAME:

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Please list below all persons who are authorized to pick up your child(ren). Each person will need to present a photographic ID when picking up your child(ren).

PERSON 1	PERSON 2
Name:	Name:
Relationship:	Relationship:
Street Address:	Address:
City, State:	City, State:
Phone Number:	Phone Number:
PERSON 3	PERSON 4
Name:	Name:
Relationship:	Relationship:



Street Address:	Street Address:
City, State:	City, State:
Phone Number:	Phone Number:

I authorize Creative Beginnings Child Care Center to release my child to the above indicated people in the event that I am not able to pick him/her up myself. I will not hold Creative Beginnings responsible for any issues that may arise as the result of such persons picking up my child from the premises.

\_\_\_\_\_  
 \_\_\_\_\_  
 SIGNATURE OF PARENT/GUARDIAN

DATE\_\_\_\_\_



## Consent to Utilize Photographs

Pursuant to the Freedom of Information and Protection of Privacy Act, Creative Beginnings is required to obtain permission to utilize photographs of your child taken while attending the school. Photos may be taken for school projects, bulletin boards, holiday events, mementos or the like, and or website. If you do not consent to your child's photograph being used, it will NOT be.

PLEASE CHECK ONE:

- I hereby consent for Creative Beginnings to utilize photographs taken of my child
  
- I do not consent for Creative Beginnings to utilize photographs taken of my child

Child's Name:

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SIGNATURE OF PARENT/GUARDIAN

DATE: \_\_\_\_\_