

REGISTRATION FORM

PLEASE PRINT

Date of Birth ____/____/____ Age: ____ M/F/X: ____

Student's Name: _____

Preferred Pronouns: He/Him/His She/Her/Hers They/Them/Theirs Other: _____

Address: _____ City: _____ Zip: _____

Primary Email Address: _____

Secondary Email Address: _____

Parent Name: _____ Driver's Lic. # ____ - ____ - ____

Home # () ____ - ____ Work # () ____ - ____ Cell # () ____ - ____

Address: _____ City: _____ Zip: _____

Company Name: _____ Occupation: _____

Work Address: _____ City: _____ Zip: _____

Work Hours: ____ - ____ Work Days: _____

Parent Name: _____ Driver's Lic. # ____ - ____ - ____

Home # () ____ - ____ Work # () ____ - ____ Cell # () ____ - ____

Address: _____ City: _____ Zip: _____

Company Name: _____ Occupation: _____

Work Address: _____ City: _____ Zip: _____

Work Hours: ____ - ____ Work Days: _____

Marital Status: Married Separated Divorced Widowed Single

Emergency Contacts to call other than parents (min. of two) in case of necessity, and are authorized to receive child:

Name: _____ Relationship: _____ Hm. # () ____ - ____ Wk. # () ____ - ____

Cell # () ____ - ____ Address: _____ City: _____, IL Zip: _____

Name: _____ Relationship: _____ Hm. # () ____ - ____ Wk. # () ____ - ____

Cell # () ____ - ____ Address: _____ City: _____, IL Zip: _____

Name: _____ Relationship: _____ Hm. # () ____ - ____ Wk. # () ____ - ____

Cell # () ____ - ____ Address: _____ City: _____, IL Zip: _____

Name: _____ Relationship: _____ Hm. # () ____ - ____ Wk. # () ____ - ____

Cell # () ____ - ____ Address: _____ City: _____, IL Zip: _____

Contingency Pick Up List (the following people may *sometimes* pick up my child):

Name(s): _____

No Pick Up List – Do not allow to pick up: _____

Child's Physician: _____ City: _____ Tel. # () ____ - ____

I will drop off at approximately: _____ AM / PM I will pick up at approximately: _____ AM / PM

Has your child attended childcare before? Yes No

If yes, who cared for your child: _____

School previously attended: _____ City: _____ Date: ____ / ____ / ____

Other children in the family (list ages): _____

If parents are divorced, the child sees both parents Regularly Occasionally Seldom

Special considerations of child: (Ex. Allergies, food sensitivities, medical conditions): _____

Parent evaluation of child's strengths: _____

Does your child have any fears? _____

Specific goals I have for my child: _____

How did you hear about our school? _____

Recommended by: _____

Reason for choosing our school: _____

PARENTS PLEASE READ AND SIGN:

1. I hereby give my consent and authorize Creative Paths Learning Studio as long as my child, children, or children under my guardianship are enrolled therein, to first contact emergency medical services or to take such children to the hospital or any medical center, for emergency medical care or treatment in the case of sudden illness or accident. I agree to bear the cost, if any, of such necessary emergency care.
2. I hereby give permission for the above named child to be taken from the school premises for extra activities such as field trips, picnics, walks, etc. I also give permission for my child to travel by school approved transportation.
3. I understand that the school will take candid pictures/videos of all children, and email me information unless requested otherwise. The pictures/videos will be incorporated into our various family events may be used for advertising purposes.
4. I have provided the school with a valid email address, as the school will email most documents to parents. I hereby give permission to Creative Paths Learning Studio to email all communication and paperwork to the email provided.
5. I understand the school reserves the right to discontinue children at any time, at the discretion of the administration.
6. I have read and understood Creative Paths Learning Studios' school policy. I have received a hard copy, but I am aware it is available to review at any time, and I agree to comply with it.

I have received the parent handbook: Yes _____ (Initial)

Signature of Parent/Guardian: _____ **Date:** ____/____/____

OFFICE USE ONLY	
Start Date: ____/____/____	Last Day of Care: ____/____/____
\$ _____ Annual Educational Materials Fee	Wait List: Yes <input type="radio"/> No <input type="radio"/>
\$ _____ First Week's Tuition	Tentative Start Date: ____/____/____
\$ _____ Last Week's Security Deposit	
\$ _____ Total Received	Check Number _____ Money Order: _____ DD: _____
	Date Received: ____/____/____
Program Child is Registered: _____	TR <input type="radio"/> UT <input type="radio"/>