REGISTRATION FORM Date of Birth

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 # ()	ı
Address:	City:		Zip:
Company Name:	Occupation:		
Work Address:	City:		Zip:
Work Hours: Work Da	ys:		
Parent Name:		Driver's Lic. #	
Home # () Work # ()	-	_ Cell # ())
Address:	City:		Zip:
Company Name:	Occupation:		
Work Address:	City:		Zip:
Work Hours: Work Da	ys:		
Marital Status: Married O Separated O Divorced	O Widowed O	Single O	
Emergency Contacts to call other than parents (min. of two) in case of necessity, an	d are authorized to	receive child:
Name:Relationship:	•		
Cell # () Address:	City:		IL Zip:
Name:Relationship:			
Cell # () Address:			
Name:Relationship:	Hm. # ()W	k. # ()
Cell # () Address:	City:	,	IL Zip:
Name:Relationship:			
Cell # () Address:			
Contingency Pick Up List (the following people may some Name(s):			
No Pick Up List – Do not allow to pick up:			
Child's Physician:			
I will drop off at approximately: AM / PM	I will pick up at	approximately:	AM / PM
Has your child attended childcare before? Yes O No	0		
If yes, who cared for your child:			
School previously attended:	City:	D	Oate:/
Other children in the family (list ages):			
If parents are divorced, the child sees both parents.	nularly () Occasional	v O Seldom O	

 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. 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. 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. 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. I understand the school reserves the right to discontinue children at any time, at the discretion of the administration. 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 o (Initial) 	Special considerations of child: (Ex. Allergies, fo	ood sensitivities, medical	conditions):	
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. 1 have received the parent handbook: Yes o	Parent evaluation of child's strengths:			
Specific goals I have for my child:				
Reason for choosing our school:				
Reason for choosing our school:	How did you hear about our school?			
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Start Date:/ Last Day of Care:/ \$ Annual Educational Materials Fee Wait List: Yes O No O \$ First Week's Tuition Tentative Start Date:/ \$ Last Week's Security Deposit \$ Total Received Check Number Money Order: DD: Date Received:/	 the hospital or any medical center, for emaccident. I agree to bear the cost, if any, of the above nated as field trips, picnics, walks, etc. I also gith as field trips, picnics, picn	nergency medical care of such necessary emerated child to be taken we permission for my odid pictures/videos of a will be incorporated in mail address, as the schalarning Studio to emeto discontinue childrents Learning Studios' sce, and I agree to comply	or treatment in the case of gency care. If you have school premises whild to travel by school at all children, and email mento our various family eventool will email most document all communication and at any time, at the discretion policy. I have receively with it.	f sudden illness or for extra activities such approved transportation. e information unless ents may be used for aments to parents. I d paperwork to the email etion of the
Start Date:/ Last Day of Care:/ \$ Annual Educational Materials Fee Wait List: Yes O No O \$ First Week's Tuition Tentative Start Date:/ \$ Last Week's Security Deposit \$ Total Received Check Number Money Order: DD: Date Received:/	Signature of Parent/Guardian:			Date://
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\$ Total Received Check Number Money Order: DD: Date Received:/				
Date Received:/			Money Order:	DD:
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	Program Child is Registered:			TR O UT O