

Creative Kids Application

Student's Name _____ Date of Birth _____

School Attending _____ Grade _____

Home Address & Telephone _____

Mother's Name & Address _____

Home Telephone _____ Cell Phone _____

Occupation and Business Address _____

Business Telephone _____

Father's Name and Address _____

Home Telephone _____ Cell Phone _____

Occupation and Business Address _____

Business Telephone _____

Student's Physician _____ Phone _____

Special Needs/Allergies _____

Emergency Contact Name _____ Phone _____

Persons Permitted to Pick Up Child:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Registration Information AM and PM Care
Indicate Choice By Checking The Appropriate Slot

Creative Kids AM

Drop-off Time _____

Full-time____ (Monday-Friday)

Part-time____ (circle days) M T W TH F

Creative Kids PM:

Pick-up Time _____

Full-time____ (Monday-Friday)

Part-time____ (circle days) M T W TH F

Creative Kids AM/PM

Drop-off Time _____

Full-time____ (Monday-Friday)

Pick-up Time _____

Part-time____ (circle days) M T W TH F

Creative Kids Half Day

Dates for 2011/2012 TBD

Registration Information
Kindergarten Enrichment Program

Indicate Choice By Selecting Appropriate Slot

Creative Kids Kindergarten Enrichment (9am-12pm or 12pm-3:30pm)

Full-time_____ (Monday-Friday)

Part-time_____ (circle days) M T W TH F

AM_____ PM_____

Creative Kids Before Care and Kindergarten AM Enrichment (7am-12pm)

Full-time_____ (Monday-Friday)

Part-time_____ (circle days) M T W TH F

Creative Kids Kindergarten PM Enrichment and After Care (12pm- 6pm)

Full-time_____ (Monday-Friday)

Part-time_____ (circle days) M T W TH F

Creative Kids AM Care/ AM or PM Kindergarten Enrichment/ After Care

Full-time_____ (Monday-Friday)

Part-time_____ (circle days) M T W TH F

Parental Agreement and Consent

\$85 Registration fee is non-refundable and non-applicable toward tuition

Parents will adhere to tuition rules according to tuition schedule and add a \$25 late fee after the 1st of the month.

Parents will update information on this application as necessary
Health form will be completed by a physician and submitted within 2 weeks of start date

Staff will administer medication only if accompanied by a prescription
Emergency medical care will be given if any of the contacts cannot be reached. BCCDS-Creative Kids reserves the right to administer/obtain emergency care/transport

Permission is given to staff to administer first aid and CPR

Children will only be released to persons listed on this application
There are no tuition refunds for missed days. This includes when a child is ill, on vacation, or when center is closed due to inclement weather or shut downs.

One months notice is required prior to withdrawal. Parents are responsible for payment for that month

BCCDS-Creative Kids reserves the right to immediately remove and exclude a child from this program who poses a direct threat to the safety and welfare of others in the program. In this case, all monies paid will be non-refundable.

I certify that I have read and understand all information and guidelines set forth on this registration form. I agree to abide by all the policies and procedures of BCCDS Creative Kids program.

Parent's Signature_____

Director's Signature_____

Date_____