



CREATIVE CHILD INC.

Dear Parents:
This is the Parent Information Packet

ENROLLMENT PROCEDURES

Please read the materials carefully to make sure you understand the Contract for Enrollment and the other required forms. Use this form as a check off form while completing application. Do not hesitate to contact the office if you have any questions.

- 1. Complete and sign the Contract for Enrollment form. Your signature shows your acceptance of the contract.**
- 2. Complete Child Enrollment Form**
- 3. Complete and sign the Social Media Agreement if applicable.**
- 4. Attach Immunization Records**
- 5. Please fill out and sign Allergy/Health Information sheets**
- 6. Please fill out Meal Benefit Form**

Creative Child Early, Inc.
Contract of Enrollment

Parent(s)/Guardian Names: _____
Students Name: _____ Grade Level: _____

I understand that upon Creative Child Inc. acceptance of enrollment of my (our)
Child, the following terms and conditions apply.

1. All tuition is due and payable on the Friday prior to the Monday of each week. Tuition may be paid weekly, Or in monthly payments. A late charge of \$25 will be applied to any unpaid balance by day's end on Monday of that week. If a vacation week has been planned, tuition is due the week before.
2. A registration/materials fee of **\$100 per child / \$150 per family (annually) and the 1st weeks' tuition and registration fee is due at the time of acceptance or during the registration period.** Registration fees are due annually. If you choose to leave for the summer but will need care for the school year, this is a **\$175 holding fee** and for a family a **\$275.00 holding fee.**
3. No credits or refunds will be made for absences such as vacation, illness, weather-related program Closure, etc. **Including any possible classroom closure due to the COVID-19 virus.**
4. We provide a *trial* period of two weeks during which time the school may request that the student Be withdrawn.
5. Parents of students enrolled at Creative Child Early Learning Center are asked to notify the school In writing, as soon as possible, if they will not be returning for the next school year.
6. A two week notice is required for all families if a student is withdrawing from the school, there will be no exceptions made.
7. If legal channels are involved for any collections, the signer of this agreement will be liable for all fees.
8. **The center will be closed the 4th of July week and will be considered a vacation week and a 15% discount will be applied to your tuition**
9. A 15% discount can be used toward tuition twice during the school year for vacation weeks.
10. Creative Child, Inc. has the right to increase rates at any time.
11. Children entering our pre-school program must have attained the age of 3 years old. Proof of age must be submitted during enrollment.
12. Creative Child, Inc. accepts State CCAP. Creative Child has the right to determine full time attendance.
13. All CCAP Participants are authorized to up to 42.5 hours per week for full time CCAP.
14. Creative Child will not accept personal checks or money orders...All tuitions except for cash paying must be processed through TUITION EXPRESS.

I (we agree to fulfill all financial obligations of this contract promptly as explained above. I (we) Understand that the tuition payment is due the Friday before the beginning of the following week. If payment is not in the Center by the end of Monday afternoon of each week, a late charge of \$25 Will be applied to the account. I (we) also understand that the deposit is non-refundable. I (we) Understand and agree to the terms set forth above of the Contract for Enrollment.

Enrollment of the following programs

Your child will be enrolled as follows: (Please circle the program, days below and fill in the times your child will be attending.)

Infants Toddlers Preschool ½ day/ All Day Preschool/ Before/After school age /before school/ after school /Vacation

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY
Time: _____ / _____ / _____ / _____ / _____.

The fee will be as follows: Toddlers/Pre-School/Kinder Care/School age/Vacations will be as follows

\$ _____ per week. Starting Date: _____

Signature of Parent of Legal Guardian: _____ Date: _____
X _____

Parent Guardian Information

Registration Date: _____

Mother/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents) Mother's SS #: _____

Email: _____ Driver's License #: _____

Preferred PIN number for checking in/out (4 digits only) 1st choice _____ 2nd choice _____

Marital Status Married Single Divorced Separated Widowed Other _____

Father/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents) Father's SS #: _____

Email: _____ Driver's License #: _____

Preferred PIN number for checking in/out (4 digits only) 1st choice _____ 2nd choice _____

Marital Status Married Single Divorced Separated Widowed Other _____

Child Information

1st Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address _____

Gender: Male Female Date of Birth _____ Child's SS #: _____

List any existing medical conditions, medication, and/or special attention your child may require.

Allergies: _____

Pediatrician's Name _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

Child Information - Continued

2nd Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address _____

Gender: [] Male [] Female Date of Birth _____ Child's SS #: _____

List any existing medical conditions, medication, and/or special attention your child may require.

Allergies: _____

Pediatrician's Name _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? [] Yes [] No

3rd Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address _____

Gender: [] Male [] Female Date of Birth _____ Child's SS #: _____

List any existing medical conditions, medication, and/or special attention your child may require.

Allergies: _____

Pediatrician's Name _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? [] Yes [] No

4th Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address _____

Gender: [] Male [] Female Date of Birth _____ Child's SS #: _____

List any existing medical conditions, medication, and/or special attention your child may require.

Allergies: _____

Pediatrician's Name _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? [] Yes [] No

Emergency Contacts & Authorized Pickup Persons:

1st Contact Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ PIN for check in/out (4 digit number only) _____

Able to pick up all children in the family

Not able to pick up the following children: _____

2nd Contact Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ PIN for check in/out (4 digit number only) _____

Able to pick up all children in the family

Not able to pick up the following children: _____

3rd Contact Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ PIN for check in/out (4 digit number only) _____

Able to pick up all children in the family

Not able to pick up the following children: _____

4th Contact Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ PIN for check in/out (4 digit number only) _____

Able to pick up all children in the family

Not able to pick up the following children: _____

Tuition/Payment Information:

Current Tuition Amount: _____ Weekly Bi-Weekly Monthly Other: _____

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above

Additional Comments & Information:

Is there any other information that would be helpful to our management and teaching staff?

Signature:

Parent's Signature: _____ Date: _____

Thank you!

EMERGENCY MEDICAL CONSENT FORM

Creative Child, Inc. has my permission to obtain Emergency medical treatment for my child/children _____ when I cannot be reached or if a delay in reaching a parent/ guardian would be dangerous for him/her.

Mother/Guardian

Name _____

Home Phone _____ Cell Phone _____

Father/Guardian Name _____

Home Phone _____ Cell Phone _____

My insurance provider is _____

Preferred hospital/treatment center

Kent County Hospital

Hasbro Children's' Hospital

My child is taking the following medications

My child has the following allergies

I understand that I assume all financial responsibility for any treatment of severe illness and/or injuries sustained by my child while he/she is in child care.

Signature of Parent or Guardian Date

Signature of Parent or Guardian Date

Parental/Guardian Consent Form

Creative Child, Inc. is sending you this parental consent form to request your permission for your child's photo/image to be published on our company website/company Facebook page/newspaper. Please check one of the selections below and return this form to your classroom teacher...

I/We GRANT permission for Creative Child, Inc. to use my child's photograph/image on either of the Company's websites.

I/We DO NOT GRANT permission for Creative Child, Inc. to use my child's photograph/image on either of the company's websites.

CHILD'S
NAME _____



PARENT
SIGNATURE _____

DATE _____

*You may at any time change your mind about the status of this request form by calling the administrative offices.