

Date of Admission
08/18/2021

Creative Corners Enrollment Agreement

Office Use Only:

Class Assignment: _____ Waitlist _____ Today's Date: _____ Initial: _____

Child's Full Name	Child's Date of Birth	Age on 9/1/2021
Child's Home Address	City	Primary Phone Number
Parent #1/Guardian's Name	Address (if different from child's address)	
Parent #1/Guardian's Work/Cell Phone Number	Parent #1/Guardian's Email	
Parent #2/Guardian's Name	Address (if different from child's address)	
Parent #2/Guardian's Work/Cell Phone Number	Parent #2/Guardian's Email	
The child lives with: Parent #1 <input type="checkbox"/> Parent #2 <input type="checkbox"/> Other (Name & Relationship):		
Emergency Contact if parents/guardian cannot be reached: <u>Name:</u> <u>Address:</u> <u>Phone Number:</u>		Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list names & telephone number for each. These authorized people should also be listed in the Procure App. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID. 1. 2.		

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:	Address:	Phone Number:
Name of Emergency Medical Care Facility:	Address:	Phone Number:

☐ I hereby certify that my child(ren) is/are in good physical condition and do/does not suffer from any disability that prevents or limits his/her participation in all activities conducted by Creative Corners. I agree to submit a Good Health Form and current immunization record on or before the first day of attendance. I understand my child may not attend Creative Corners unless they are fully immunized. I acknowledge that Creative Corners will not assume any responsibility or liability for personal injury or damages caused by the injury. In the event Creative Corners is unable to reach a parent, guardian or any emergency contact, I hereby give permission for my child(ren) to be transported to the nearest hospital for treatment in case of an accident or emergency. I hereby further authorize(s) any of the staff or employees to provide for, approve and authorize health care at hospital.

YES

☐

NO

☐

I hereby grant and authorize Creative Corners the right to take, edit, copy, publish, distribute and make use of any and all pictures or video taken of my child(ren) to be used in and/or for legally promotional materials and digital communications. This authorization shall continue indefinitely, unless I otherwise revoke said authorization in writing. I understand and agree that these materials shall become the property of and will not be returned.

☐

We understand plans change. We will gladly issue a full refund of all fees except registration fee of \$150 and down payment (May 2022 tuition). Cancellation and refund requests must be in writing and received more than 14 days before the start of the school year. No refunds on cancellation notices received less than 14 days before the first day of the program. Kindergarten cancellation fee is \$500 any time after registration is complete.

☐

I am aware the 2021-2022 Parent Handbook and Pandemic Plan are posted at www.creativecorners.org and am responsible for the information within.

List any allergies for your child: _____

Does your child have an EPI pen prescribed: _____

List any food intolerances (For children NOT prescribed an EPI Pen)

Parent's Signature

Date

Director's Signature

Date