



Creative Child Learning Center

The Smart Choice For Preschool

Coral Springs – Parkland:
9675 Westview Drive, Coral Springs, FL 33076
(954) 796-0081 • FAX: (954) 796-2996
Davie – Plantation:
1305 SW 101 Road, Davie, FL 33324
(954) 452-3346 • FAX: (954) 236-2246
Weston – Sunrise:
150 Weston Road, Sunrise, FL 33326
(954) 389-8245 • FAX: (954) 389-0377

Registration Form

Child's Name: _____
Last First Middle

Today's Date: _____ Sex: _____ Date of Birth: _____ Enrollment Date: _____

Home Phone #: _____

Cellular Phone #: _____ Beeper #: _____

Address: _____

Street City State Zip

Program: FT _____ PT (5) 1/2 days _____ PT (3) Full days _____

Age group: Infant (6wk-1yr) _____ Wobbler (1-2) _____ Toddler (2-3) _____

Preschool (3-4) _____ Pre-K (4-5) _____

Child Lives With: Both Parents Guardian
 Mother _____
 Father

Mother's Name: _____ S.S. # _____

Father's Name: _____ S.S. # _____

Mother's Driver License Number: _____

Father's Driver License Number: _____

Work Address: Street City Work Phone

Mother: _____

Father: _____

Persons Permitted To Remove Child From Preschool Facility:

						Legal Custody
Mother	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Father	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Guardian	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Other persons authorized by the parent(s) or guardian(s) to pick up the child from the center. If the parents/guardians cannot be reached, the following persons may be contacted in case of illness, injury or emergency. It is the parents responsibility to keep this list current.

Name	Address	Phone	Relationship
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Name	Address	Phone	Relationship
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Brothers and Sisters:

Name	Date of Birth	Age
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Child's Physician:	Address	Phone
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If the school is unable to contact you in case of illness or accident, do you consent to our request to administer emergency medical attention, call 911, and/or transporting your child to the hospital?
[] Yes [] No

Health Insurance Information

Insurance Company

Contract/Policy Number

Mother: _____

Father: _____

Medical History:

Illness: _____ Date _____

Injury: _____ Date _____

Allergies: _____ Date _____

Has your child attended any other preschool or day care center?

[] No If yes, please list name(s) & dates attended.

[] Yes _____

Special instructions regarding eating habits, toileting or possible areas of concern:

Please read and review carefully. All information requested must be provided:

- I agree to provide a nutritional bag lunch for my child if he/she remains at school during lunch time. (Nutritional school lunches are available).
- I agree to give Creative Child Learning Center permission to administer Children's Tylenol to my child in the event he/she is running a high fever and a parent is not available.
- I give permission for my child to participate in all activities at Creative Child Learning Center including field trips.
- I have supplied the school with Custody Documents as requested. [] Yes [] No
- The Creative Child reserves the right to cancel enrollment with prior five (5) day written notification.

I hereby certify that I have read and agree to comply with all of the above as well as all school regulations as specified in Creative Child Learning Center's general information package.

Signature of Parent(s) or Guardian(s)

Date

Office Use Only:	Date _____
[] Full-Time (7:00 AM -6:30 PM) (as of Aug. 2004, our hours will change to 7AM-6PM)	
[] Part-Time (Four Hours Daily)	
[] Part-Time (Three Full Days)	
[] After School (2:00 PM -6:30 PM) (as of Aug. 2004, our hours will change to 2PM-6PM)	
Registration Paid [] Yes [] No [] Cash [] Check Check No. _____	
Comments: _____	
Follow-Up: _____	
Source of Referral: [] Yellow Pages [] Passed by [] Newspaper	
[] Flyer [] Friend/Neighbor (Name: _____)	
[] Other _____	