

# CREATIVE CORNER

## Early Learning Program

8706 Commerce Drive, Unit 8  
Easton, MD 21601  
(410) 8 ABC 123

### Enrollment Application

Child's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name Used: \_\_\_\_\_ Boy \_\_\_\_\_ / Girl \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Information: Married: \_\_\_\_\_ Separated: \_\_\_\_\_ Divorced: \_\_\_\_\_ Other: \_\_\_\_\_

<u>Mother</u>	<u>Information</u>	<u>Father</u>
_____	Name _____	_____
_____	Address _____	_____
_____	Phone _____	_____
_____	Cell Phone _____	_____
_____	Employer _____	_____
_____	Occupation _____	_____
_____	Address _____	_____
_____	Phone _____	_____
_____	Work Hours _____	_____

Type of care needed:

- Infant Program (8:40-5:10) Full time \_\_\_\_\_
- 18mth - 4 yr. old program Full time: \_\_\_\_\_ Part time: Days- M T W Th F
- Before & after school care: \_\_\_\_\_ Full year or School year

Normal Time to arrive \_\_\_\_\_ a.m. Time to be picked up \_\_\_\_\_ p.m.

Date of care needed: \_\_\_\_\_

Level of Bathroom Skills:

\_\_\_\_\_ Diapers \_\_\_\_\_ training pants \_\_\_\_\_ needs reminders \_\_\_\_\_ self able

Child's previous pre-school experiences (name of schools and dates):

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Special Health Concerns:

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Describe your child's personality:

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How did you hear about Creative Corner? Please be specific:

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Application will not be considered if registration fee is not accompanied.

Please return this application with the \$50.00 non-refundable registration fee and the Director will contact you to schedule your child's enrollment in the Creative Corner program. (Please make check payable to Creative Corner, Inc.)

Be advised that Creative Corner bills monthly- due on the first of each month; an Advance Tuition of \$200 is needed once a space becomes available (will be credited on June statements of the contracted year); Withdrawals may not be initiated and will not be accepted during the months of August, September, October, November and December. January 1<sup>st</sup> – July 31<sup>st</sup> withdrawal notice is to be given to the Director, in writing, two weeks prior to an anticipated withdrawal.

If you have any questions, call (410) 8 ABC 123.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_