

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: _____

Mother Information Father

_____ Name _____

_____ Address _____

_____ Phone _____

_____ Cell Phone _____

_____ Employer _____

_____ Occupation _____

_____ Address _____

_____ Phone _____

_____ Work Hours _____

_____ EMAIL Address _____

Type of care needed:

- Infant / Toddler Program (8:00-5:10) Full time _____
- 2yr - 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):

Special Health Concerns:

Describe your child's personality:

How did you hear about Creative Corner? Please be specific: (Information will be used in our Family Referral Credit Program)

Fees:

- Registration Fee \$50.00 (non-refundable).
- There is a commitment/ Supply Fee due at time of enrollment- \$200 Full-time \$100 part-time
- Application will not be considered if registration fee is not accompanied.
- Please make check payable to Creative Corner, Inc.
- Be advised that Creative Corner bills monthly- due on the first of each month;

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

Parent's signature _____ Date _____