



Preschool Enrollment Packet for Current Enrolled Students
Fall 2018 – Spring 2019

Student Name: Date of Birth:

Indicate your planned enrollment below for our Fall Session that officially begins on Tuesday, September 4th
NOTE: This form is required to continue with our programs – submit by July 16th to guarantee space on your preferred days/times

I would like to keep our current enrollment schedule with NO CHANGES

I would like to change my schedule and have my child attend as indicated below:

*Full day: 7:30 – 5:15 p.m.

*Morning Session: 7:30 – 12:30

*Afternoon Session: 12:15 – 5:15 p.m.

Monday: Full Day Morning Afternoon

Tuesday: Full Day Morning Afternoon

Wednesday: Full Day Morning Afternoon

Thursday: Full Day Morning Afternoon

Friday: Full Day Morning Afternoon

NOTE: please remember that school-year enrollment must be consistent for at least one month at a time and payment is due on the 1st of each month to reserve your space; there are no refunds or make-up days for non-attendance; drop-ins and extended days are only available if space allows (you must contact us in advance to request alternate attendance)

Complete the following information regarding updates to your current information on file. Please attach additional pages if necessary.

Address: No Change Update to:

Email: No Change Update to:

Phone Contact: No Change Update to:

Emergency Contacts: No Change

Add:

Remove:

Persons Authorized to Pick Up your Child:

No Change

Add:

Remove:

Use of Sunscreen: No Change – CAPLC is still able to apply sunscreen per our original enrollment packet

I do NOT give permission for CAPLC to apply sunscreen and will apply sunscreen before I drop off my student and/or provide an alternative form of sunscreen (long sleeves/pants, hat, etc.)

*NOTE: if you would like to provide sunscreen for your child, please label it with their name and make sure it is not expired (it is your responsibility to keep it current throughout the year)

Medical/Health Information (allergies, food or activity restrictions, medications, etc.): *all medication must be current (not expired), labeled with child's name and a current medical administration form must be on file*

- No Change
- Add (*medical administration form must be attached*):
- Remove:

Medical Contacts: Physician, Dentist, and Hospital of Choice

- No Change
- Update to:

Authorization for Emergency Medical Care – Annual Renewal Required

I/We, hereby grant Creative Avenues Preschool and Learning Center permission to take whatever action in its judgment may be necessary in supplying emergency medical services to We understand that, consistent with the circumstances of the situation and available time, the Center will attempt to contact and follow the instructions of the parent or guardian, physician, or other person(s) designated by us in Emergency Contacts. In the event the Center is unable to contact the parent or guardian, physician, or other person(s), we hereby grant permission to the Center to contact and comply with the advice of an available physician, emergency services personnel, or emergency room personnel. We hereby agree that we will be solely responsible for and will promptly pay any expenses which may be incurred by the Center in making emergency medical treatment available to the above named child.

.....
 Parent/Guardian Signature Date

 Change to Custody Agreements: please list (and include court documents if required) any new or changed custody agreements

Any other changes or updates to your information on file – please list (attach extra pages if necessary):

Other required information/forms that must be completed prior to September 4th

- A copy of your child's updated immunization records (if they have received new shots and you have not provided those to us)
- A statement of health from your physician (required annually; please submit if you have not provided one in 2018)
- Automatic Payment Authorization form (new form required annually)
- An updated family photo (optional)

.....
 Parent/Guardian Signature Date

.....
 Parent/Guardian Signature Date

Statement of Health – Must be Completed by Health Care Provider Annually

Child's Name: Date of Birth:

Significant Health Concerns:

- | | | |
|---|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Hearing | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Severe Allergies | <input type="checkbox"/> Developmental Delays | <input type="checkbox"/> Dietary Restrictions |
| <input type="checkbox"/> Other | | |

Explain above concerns and, if necessary, include instructions to child care providers.

Are there restrictions to the child participating in any activities? YES NO

If yes, please describe.

I find, to be in good health and able to attend Creative Avenues Learning Center.

.....
Physician Signature

.....
Date

A copy of your child's current immunization records must accompany this form



Automatic Payment Authorization for 2018 – 2019 School Year

Your monthly tuition will automatically be charged to a credit/debit card on the 1st of each month – unless we receive full payment prior to this date. An invoice will be emailed to you upon registration with your anticipated monthly payment amount. To withdraw or change your current registration, written notice must be given 15-days in advance to allow processing time. Any unused tuition will not be refunded. Please provide us any updates to this information if it changes to avoid late fees on your account.

Student Name(s)

Parent Name

Email Address (to receive monthly invoices):

Payment Information:

Card Type: Visa MasterCard

Card Number Expiration Date (mm/yy):

Name of Cardholder: V-Code (3-digit code on back):

Billing Address of Cardholder : Zip:

Signature of Cardholder

Please read the following information regarding this automatic service:

1. The charge will appear on your card statement each month from “Creative Avenues”. The charge will be made on/about the first of each month. If a payment due date occurs on a weekend, the payment will be deducted on the next available business day.
2. If the charge on the card on file is declined, late fees will apply to your balance. If you prefer to pay by cash or check, payment must be received prior the 1st of each month (otherwise your card on file will be charged).
3. A receipt will be emailed and/or given to you upon request.
4. If your card expires or is no longer available, please notify our office immediately to provide new card information. Any declined cards are subject to late fees until payment is made.

For Office Use:

Date form received:

Charge Amount Details (amount charged, date, reference #):

September	.....	.....	.....	March	.....	.....	.....
October	.....	.....	.....	April	.....	.....	.....
November	.....	.....	.....	May	.....	.....	.....
December	.....	.....	.....	June	.....	.....	.....
January	.....	.....	.....	July	.....	.....	.....
February	.....	.....	.....	August	.....	.....	.....