



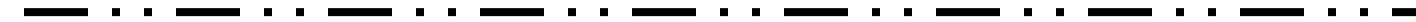
School's Out Enrollment Packet for Currently Enrolled Students
Fall 2017 – Spring 2018

Student Name: Date of Birth:

Program Enrollment:

- Full Day includes 5+ hours between 7:30 a.m. – 5:15 p.m.
• Morning includes < 5 hours between 7:30 a.m. – 12:30 p.m.
• Afternoon includes < 5 hours between 12:15 p.m. – 5:15 p.m.

Calendars for Enrollment in Friday Fun and School's Out Days: you will be required to submit a monthly calendar with requested enrollment by the 20th of each month prior and pre-payment will be due by the 1st of each month; calendars are available online and at the studio



Please complete the following information regarding updates to your current information on file.

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 accept the health consequence for my child

*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:

Annual Renewal - Authorization for Emergency Medical Care

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

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):

Please include with this form:

- A copy of your child’s current/updated immunization records
- A statement of health from your physician for the current year
- Automatic Payment Authorization form (new form required annually)
- An updated family photo (optional)

**PLEASE NOTE: Current immunization records and statement of health need to be completed prior to September 5th*

.....
Parent/Guardian Signature

.....
Date

.....
Parent/Guardian Signature

.....
Date

Statement of Health – Completed by Health Care Provider

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 immunization records must accompany this form



Automatic Payment Authorization

Your monthly tuition will automatically be charged to a credit/debit card on the 1st of each month – unless we receive payment in full prior. An invoice will be emailed to you upon registration with your anticipated monthly payment amount. To withdraw or change your registration, written notice must be given 15-days in advance to allow processing time.

Student Name(s)

Parent Name

Email Address (must have one on file for invoices distribution):

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 #):

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