

REGISTRATION APPLICATION FOR SUMMER CAMP AT CREATIVE BEGINNINGS

Child's legal name: _____

Child's name to be used at camp: _____

Birth Date: _____ Male _____ Female _____

Mother's name: _____

Mother's Email address: _____ Mother's cell phone: () -

Mother's work: _____ Job Description: _____

Father's name: _____

Father's Email address: _____ Father's cell phone: () -

Father's work: _____ Job Description: _____

Mailing address: _____

Home phone number: () -

A non-refundable deposit for each camp enrolled, is due along with the enrollment forms at the time of enrollment. The remaining tuition balance is to be paid before the first day of camp.

_____ (For Office Use Only) _____

Deposit received: _____

Check Number: _____

Start date: _____

To officially hold the spot in camp we need the following turned into the school please:

Due Now:

- This registration packet
- \$25 non-refundable tuition deposit for each weekly camp enrolled
- \$10 non-refundable tuition deposit for each mini camp enrolled

Due by their first day of camp:

- Camp tuition balance
- DCFS Medical Form from your doctor's office (must be dated within 6 months of starting the program).
- Current Immunization Records
- Certified Birth Certificate (Please bring in the original for us to copy)



CREATIVE BEGINNINGS

Summer Camp Preschool Registration

Child's Name: _____ Age: _____

Parent's Name: _____

Phone Number () - Email: _____

Weekly Camps

Theme	Date
Hot Wheels	June 8 th , 9 th , 10 th & 11 th
Bluey!	June 15 th , 16 th , 17 th & 18 th
Magical Creatures	June 29 th , 30 th July 1 st & 2 nd
Christmas In July	July 20 th , 21 st , 22 nd & 23 rd
Preschool Buddies	July 27 th , 28 th , 29 th & 30 th
Kindergarten Bootcamp	July 27 th , 28 th , 29 th & 30 th

Mini Camps

Theme	Date
Toy Story	July 7 th
Spidey and Friends	July 8 th
Moana	July 9 th
Mario Brothers	August 4 th
My Dolly and Me	August 5 th
Pirate Sails and Mermaid Tails	August 6 th

- Weekly Camps are \$105 per week. A \$25 registration fee to hold your spot will be due at the time of enrollment and will go towards the camp fee.

- Mini Camps are \$35 per day. A \$10 registration fee to hold your spot will be due at the time of enrollment and will go towards the camp fee. Discount available when enrolling for 4 or more mini camps!

***Please note that there is no Tadpoles emails for camp**

(For Office Use Only)

Deposit Amount \$ _____ Deposit Date: _____ Tuition Balance \$ _____
Student paperwork on file _____ Birth Certificate On File _____ Updated Medical Form CFS 600 _____

EMERGENCY CONTACT LIST

Child's Name: _____

Mother's Name: _____

Mother's Address: _____

Name of Mother's Work: _____

Mother's Cell Phone (____) _____ - _____ Mother's Work Number (____) _____ - _____

Father's Name: _____

Father's Address: _____

Name of Father's Work: _____

Father's Cell Phone (____) _____ - _____ Father's Work Number (____) _____ - _____

Preferred number to call first: _____

Preferred number to call second: _____

Additional Emergency Contacts

(Please include at least 2 additional emergency contacts)

1) Name _____

Relationship To Child _____ Phone Number (____) _____ - _____

2) Name _____

Relationship To Child _____ Phone Number (____) _____ - _____

3) Name _____

Relationship To Child _____ Phone Number (____) _____ - _____

4) Name _____

Relationship To Child _____ Phone Number (____) _____ - _____

CREATIVE BEGINNINGS MEDICAL RELEASE FORM

Child's Name: _____ Age: _____

Birth Date: _____ Address: _____

City: _____ State: _____ Zip: _____

Insurance Co.: _____ Policy # _____

Group #: _____

Pediatrician's Name _____

Address _____

Phone Number (_____) _____ - _____

Dentist's Name _____

Address _____

Phone Number (_____) _____ - _____

Preferred Hospital _____

Please list your child's allergies, reactions, severity and treatment (please be specific)

1) _____ Reaction/Severity: _____
Treatment: _____

2) _____ Reaction/Severity: _____
Treatment: _____

3) _____ Reaction/Severity: _____
Treatment: _____

Additional Medical Concerns: _____

To Whom It May Concern: The undersigned does hereby give permission for the above-named child to attend and participate in activities sponsored by the Creative Beginnings Preschool. I understand that in the event medical treatment is required for the above named child, every effort will be made to contact me. However, if I cannot be reached, I authorize an adult in whose care the minor has been entrusted to consent to any x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care to be rendered to the minor under the general supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name Printed: _____

FAMILY AND SOCIAL HISTORY

Child's Name: _____ Birth Date: _____

In order to help the teachers learn a little bit about your child, please take a moment to complete the Family and Social History form. Thank you.

Child's nickname: _____

Parents' marital status (circle): Married Partner Single Divorced Remarried Widowed

Who does your child live with? Mom Dad Both Grandparents Other _____

Is there a custodial/ legal arrangement that the staff needs to be aware of? Yes No

If yes, please provide legal documentation for our records. Primary language spoken at Home: _____ Secondary language: _____

Is your child independently toilet trained? _____

Child's favorite toy(s) and interest(s): _____

How did you hear about Creative Beginnings? _____

Did your child attend preschool? _____ Where? _____

What is your home elementary school? _____

Does your child have a special or restricted diet? _____

Please list siblings and their birthdate(s):

1) _____ Birthdate: _____

2) _____ Birthdate: _____

3) _____ Birthdate: _____

4) _____ Birthdate: _____

5) _____ Birthdate: _____

Are there any holidays/activities in which you do not want your child to participate?

Do you have any concerns about your child's speech, language, hearing, vision or development?
Please briefly describe your concern.

Any other questions, concerns, or comments?

AUTHORIZATION FOR PICK UP

Child's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Name: _____

I understand that only those individuals listed on this page are authorized to pick up my child. Under no circumstances will my child be released by Creative Beginnings to any other individuals. Parents/Guardians must be listed.

Guardian's	Address	Relationship	Cell Phone	Work Phone

Individuals with authorization for pick up:	Address	Relationship	Cell Phone	Work Phone

CREATIVE BEGINNINGS CONSENT FORM

I agree to the following Creative Beginnings policies:

Parent Handbook- I have read and understand the Parent Handbook and will abide by the policies and procedures written within.	Yes	No
Late Pick Up Policy- I have read and understand the late pick-up policy and will abide by the policies and procedures written within.	Yes	No
Guidance and Discipline Policy- I have read and understand the Guidance and Discipline, Behavior and Transition policies and will abide by the policies and procedures written within.	Yes	No
First Aide/Medical Policy- This authorizes Creative Beginnings Early Education to secure emergency medical care for my child when I/we cannot be reached immediately at the time of the emergency. I/We will be responsible for the emergency medical charges upon the receipt of the billing statement. I also authorize Creative Beginnings staff to administer first aid treatment for my child when necessary. I understand that I will be notified after my child receives treatment.	Yes	No
Integrated Pest Management- Creative Beginnings follows a program that combines preventative techniques, non-chemical pest control methods and, if necessary, the appropriate use of pesticide with a preference for products least harmful to human health and the environment. I consent to inclusion in the Integrated Pest Management Registry, which will notify me prior to application.	Yes	No

Child's Name: _____

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Name Printed: _____

PHOTO/VIDEO RELEASE CONSENT FORM

I am aware that my child's picture will be taken to use for in-house projects, and Tadpoles communication.	Yes	No
I am aware that for the safety of our students and teachers, Creative Beginnings uses a in house surveillance system.	Yes	No
I am aware that my child's photo may be used for whole class photos on social media (Facebook, Twitter, Instagram)	Yes	No
I would like to release my child's photo for group/individual photos on social media (Facebook, Twitter, Instagram)	Yes	No
I would like to release my child's picture for use on the preschool's website: Elburncreativebeginnings.com	Yes	No

Child's Name: _____

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Name Printed: _____

TADPOLES UPDATES

Please list the name and email for tadpoles updates and photos:

Name: _____ Phone Number: (____) _____ - _____

Email: _____ Relationship to child: _____

DCFS SUMMARY OF LICENSING PACKET

CFS 581
Rev. 12/2000

State of Illinois
Illinois Department of Children and Family Services

VERIFICATION OF RECEIPT



I/WE, _____
Please Print Name(s)

parent(s) of _____, hereby certify that I/we have
Name(s) of Child(ren)

received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.

Signature of Parent

Date

Signature of Parent

Date

Kids Yoga with Miss Emily/Creative Beginnings

***Only fill out if you are participating in Yoga or Fitness For Fun classes**

Kids Yoga Registration/Liability Disclaimer & Notices *please read carefully*

Child's Full Name: _____

Age: _____ Date of Birth: _____

Parent/Guardian Full Name: _____

Parent/Guardian Phone: _____

Emergency Contact & Number: _____

Please list any known allergies, physical limitations, concerns, and goals:

Class Description: Yoga classes with Miss Emily focuses on a mind-body approach to supporting emotional and mental wellness in children. Yoga for kids helps promote flexibility, balance, and strength. Beyond the many physical benefits, yoga can help promote patience, focus, and mental clarity in children. Through the use of poses, breathing, and coordinated themes, discussions, and activities, we focus on making connections and feeling empowered!

I individually and as parent/guardian of the minor child identified above hereby acknowledge the following notices and grant my child the following release from liability:

A. I acknowledge and understand that I, or my child will be engaging in physical activities that may involve some risk of injury. I acknowledge and have been advised that it is my responsibility to consult with my or my child's physician with respect to any past or present injury, illness, health problem or any other condition or medication that may affect my or my child's participation. I assume the foregoing risks and accept full personal responsibility for and personal injuries sustained by my child which might incur as a result of participating in this program and discharge and hold harmless my child from any claim, cause of action or liability for damages arising from any personal injury to my child or other persons or property caused by myself or my child's participation in this kids yoga program.

B. I assume the foregoing risks and accept full personal responsibility for any personal injuries sustained by my child which might incur as a result of participating in this program and discharge and hold harmless Creative Beginnings from any claim, cause of action or liability for damages arising from any personal injury to my child.

C. I agree to give the instructor and Creative Beginnings permission to use photographs of myself or my child for any promotional materials. I understand that my child will not be identified by name, nor will any compensation be extended for such use.

Child's Name: _____

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Name Printed: _____

FORM/RELEASE CHECKLIST

The following forms are required to be returned along with the enrollment fee to complete the registration process. Please be sure all information is written legibly in case of an emergency.

Registration packet which includes the following:

- Registration Application for Creative Beginnings
- Emergency Contact List
- Medical Release Form
- Family and Social History
- Authorization for Pick Up
- Guidance and Discipline Receipt
- Parent Handbook Receipt
- Late Pick Up Policy
- Trips, Excursions, and Public Park Facilities
- Emergency Medical Care and/or First Aid
- Integrated Pest Management Program
- Consent For Student Research
- Photo/Video Release Consent Form
- DCFS License Summary Receipt
- Yoga Liability Disclaimer & Notices
- Non-refundable tuition deposit for each camp enrolled

The following is required before your child's first day:

- Camp tuition balance
- DCFS Medical Form from your doctor's office (must be dated within 6 months of starting the program).
- Current Immunization Records
- Certified Birth Certificate (Please bring in the original for us to copy)