

2026

PRESCHOOL REGISTRATION APPLICATION FOR

CREATIVE BEGINNINGS

Child's legal name: _____

Child's written name to be used at school: _____

Birth Date: _____ Male _____ Female _____

Parent 1 name: _____

Parent 1 cell phone: (____) - _____

Parent 1 Email address: _____

Parent 1 work: _____ Job Description: _____

Parent 2 name: _____

Parent 2 cell phone: (____) - _____

Parent 2 Email address: _____

Parent 2 work: _____ Job Description: _____

Mailing address: _____

Home phone number: (____) - _____

Choose the class in which your child will be enrolled:

	Jr's 2 Day	Preschool 2 Day	Preschool 3 Day	Preschool 5 Day	Multi-Age 3 Day	Pre-K 4 Day	We are flexible on the Pre-K program time	Pre-K 4 Day	Literacy Club
Class Time	Wed/Fr 9:00- 11:15am	Wed/Fr 9:15- 11:45am	Mon/Tu/Th 9:00- 11:30am	Wed/Fr 9:15-11:45am and Mon/Tu/Th 9:00-11:30am	Mon/Tu/Th 9:15- 11:45am	Mon/Tu/Wed/Th 12:15- 2:45pm		Mon/Tu/Wed/Th 12:30- 3:00pm	Friday 12:30- 3:00pm
Ages	2-3	3	3	3	3-5	4-5		4-5	4-5
Regular	\$181	\$186	\$227	\$395	\$215	\$283		\$283	\$85
Desired Class									

A non-refundable, non-transferable enrollment fee of \$100 must be paid with the return of this application. Checks can be paid to the following:

Creative Beginnings

108 Valley Dr. Unit A Elburn, IL 60119

(For Office Use Only)_____

Deposit received: _____ Check number: _____

Start date: _____ Withdrawal/graduation date: _____

Notes: _____

EMERGENCY CONTACT LIST

Child's Name: _____

Parent 1 Name: _____

Parent 1 Address: _____

Name of Parent 1 Work: _____

Parent 1 Cell Phone (____) ____ - ____ Parent 1 Work Number (____) ____ - ____

Parent 2 Name: _____

Parent 2 Address: _____

Name of Parent 2 Work: _____

Parent 2 Cell Phone (____) ____ - ____ Parent 2 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 (_____) _____ - _____

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.

Child's Name: _____

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: _____

Parent's preferred spoken name: Parent (1) _____ Parent (2) _____

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): _____

Has your child ever attended another preschool or play group? _____ Where? _____

What elementary school will your child attend for kindergarten? _____

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 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. Please be sure to list parents/guardians and emergency contacts.

Name	Address	Relationship	Cell Phone

DAYCARE TRANSPORTATION SCHEDULE

We don't have a daycare provider and I will be picking up and dropping off on most days.

Our daycare varies in schedule.

Our daycare provider commonly transports our child. Here is their schedule.

	Person Dropping Off	Person Picking Up
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Signature of Parent/Guardian: _____ Date _____

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 on social media platforms for whole class photos and that no personal information about my child will be given. (Facebook, Twitter, Instagram)	Yes	No
I would like to release my child's photo for small 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: _____

CREATIVE BEGINNINGS CONSENT FORM

Child's Name: _____

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Name Printed: _____

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
Trips, excursion, and public park facilities- I authorize Creative Beginnings Early Education staff to take my child on walking trips, special excursions, and to the nearby park facilities. I/We hereby waive and release Creative Beginnings Early Education from all rights and claims for damages or injuries in connection with these trips, special excursions, walks, or trips to the public parks. The staff has my permission to secure medical attention for my child should it be necessary.	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
Consent For Student Research- I give my consent for my child to be observed by high school and/or college students observing for their Early Education classes. I understand that all information about my child will be kept confidential and all inters will pass their background check before observing in class.	Yes	No

TADPOLES UPDATES

Creative Beginnings uses Tadpoles to update parents/guardians through email.

Child's Name: _____

Birth Date: _____

Please list at least one (or more) parent(s)/guardian(s) to receive email updates. Parents can also choose to add additional names, such as day care providers or grandparents. Families are also welcome to use the Tadpoles Parent app available on iOS and Android.

Parent 1: Name: _____ Phone Number: (____) _____ - _____

Email _____

Parent 2: Name: _____ Phone Number: (____) _____ - _____

Email _____

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

Email _____

Relationship to child: _____

PARENT RECEIPT OF DCFS LICENSING STANDARD SUMMARY

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.

[Link to summary](#)



Signature of Parent _____

Date _____

Signature of Parent _____

Date _____

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 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
- \$100 enrollment fee

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

- DCFS Medical Form from your doctor's office. This form is required to be updated each school year and must be dated within 6 months of starting the program.
- DCFS requires each student to participate in a hearing and vision screening yearly. An additional fee of \$20 will be due the month of the testing.
- Current Immunization Records.
- Certified Birth Certificate (Please bring in the original for us to copy).