CREATIVE BEGINNINGS
CHILDCARE CENTER

Registration Information

Child Information

Child's Name (first, middle, last)	
Date of Birth	

Parent/Guardian Information

Parent/Guardian 1 Name	
Address	
Cell Phone	
Email	
Work Phone	
Employer	
Occupation	
Parent/Guardian 2 Name	
Address	
Cell Phone	
Email	
Work Phone	
Employer	
Occupation	

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Emergency Contact Information

Name	
Relation to child	
Cell phone number	
Work or home phone	
Name	
Relation to child	
Cell phone number	
Work or home phone	
Name	
Relation to child	
Cell phone number	
Work or home phone	
Name	
Relation to child	
Cell phone number	
Work or home phone	

Please list below the people that are authorized to pick up your child. Please note anyone not listed will not be allowed to pick up unless written permission is granted from parents/guardians. People listed on the authorized pick up will need to present photo identification until staff is familiar with the pickup person.

Name	
Relation to child	
Phone number	
Name	
Relation to child	
Phone number	
Name	
Relation to child	
Phone number	
Name	
Relation to child	
Phone number	

Medical Information

Pediatrician/Practice	
Phone number	
Dentist/ Practice	
Phone number	
Hospital Preference	
Known Allergies	
Other medical concerns	

Please note that proof of updated vaccinations must be presented to Creative Beginnings prior to your child beginning school.

In the event of a medical emergency, and I cannot be contacted, I give the staff at Creative Beginnings consent to obtain medical attention deemed necessary for my child(ren). This includes consent to be treated by a physician at a hospital emergency department.

Name (s) date of birth of children_____

_____

Parent/Guardian signature:_____

Date:_____

	PreK/Preschool	Wee Preschool	Toddler Room	Infant Room
5 Days	$440	$440	$440	$440

Creative Beginnings is open 7:30am to 5:00pm Monday through Friday. Tuition is drawn though ACH and is processed on Wednesdays for the current week of care. Tuition can be paid weekly, bi-weekly, or monthly. Weekly tuition is listed above for each classroom.

A $50 fee will be charged for any payment returned for insufficient funds. A $10/day late fee will be charged for any payments received after 5:30 on Thursday. Care will be immediately terminated for any account that is two weeks past due. A $5 per minute late fee will be charged to families who pick up after 5:00.
There is a one-time enrollment fee of $100 due upon enrollment (one fee per family). A $50 sibling discount is available to families with more than one child enrolled.

I_____ (parent/guardian name) agree to the following payment schedule for Creative Beginnings Childcare Center

_____ weekly ACH

_____ bi-weekly ACH

_____ monthly ACH

Please fill out and return the ACH form attached to this packet.

_____ _____

parent/guardian signature date

Office use only

Deposit of _____ received by_____ check n

Social Media Consent

Please note your child may be photographed on occasion for school projects, closed group social media, Creative Beginnings website and Creative Beginnings public Facebook page. Please read the following options regarding the use of your child's photograph

_____ I consent to my child's photograph being used for class projects.

_____ I consent to my child's photograph being used for their classroom's private Facebook group.

_____ I consent to my child's photograph being used for Creative Beginnings Facebook page and website.

_____ I do NOT consent for my child's photograph being used for any purpose.

_____ _____

parent/guardian signature date

Contact Priority

Please list the order in which you would like to be contacted in the event of illness or emergency. This will help us reach someone quickly when needed

Name	Phone Number
1.	
2.	
3.	
4.	
5.	
6.	



PARENT ACKNOWLEDGEMENT

I hereby acknowledge that I have read and received the parent/guardian handbook of Creative Beginnings Childcare Center and agree to the terms, policies, procedures, and fee arrangements outlined in the handbook.

DATE: _____ _____ SIGNATURE OF PARENT

Name(s) of enrolled child/children: _____ (Please print)

Complete and return this form to:

Creative Beginnings Childcare Center
2401 Broadway Building 2
South Portland, ME 04106
(207)883-0881

Electronic Funds Transfer Authorization

(Please print)

I authorize Creative Beginnings Childcare Center to initiate either an electronic debit or create and process a demand draft against my checking or savings account for the purpose of collecting childcare related payments. I authorize Creative Beginnings Childcare Center to withdraw sufficient funds to pay my regular childcare fees that are due and payable. I authorize Creative Beginnings Childcare Center to use the third-party sender, Smartcare, to process all payments. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

Account Holder's Name:_____ Phone: _____

Child(ren) Name(s):_____

Account Holder's Address:_____

City:_____ State:_____ Zip Code:_____

Bank/Credit Union Name:_____

Bank/Credit Union Address:_____

City:_____ State:_____ Zip Code:_____

Bank Account Type:___Checking ___ Savings _____ Business Checking

Routing Number:_____ Account Number:_____

This authorization will remain in full force and effect until I notify Creative Beginnings Childcare of its termination. Notification must be received ten business days in advance of termination date.

Signature:_____ Date:_____

Please attach a copy of a voided check below- deposit slips not accepted

