Creative Kids of Warwick
70 Foley Road
Warwick, NY 10990
845-987-1543
creativekidsofwarwick@gmail.com
www.creativekidswarwick.com

2023-2024 Registration

Child's Name: _____

Nickname (if applicable): _____

DOB: ____/____/____   Gender: ____ Male ____ Female

Home Address: _____

Email Address: _____

Phone Number: _____-_____-_____

There is a $30 nonrefundable registration fee ($20 for returning Creative Kids students). We accept cash, check, Venmo @creativekidsofwarwick, or we can invoice you on Brightwheel. Please submit this form along with the registration fee in order for your child to be placed on a class list.

Please select which class you would like to register your child for:

_____**2s Class** – Tuesday/Thursday 9:15-11:15
$180 / month

_____**3s Class** – Monday/Wednesday/Friday 9:15-11:45
$230 / month

* NEW!! We are offering an option to add Tuesday and Thursday to the 3s class!

_____ **Add Tues/Thurs** to attend Monday through Friday 9:15-11:45
$355 / month

_____**4s Class** – Monday through Friday 9:00-11:30
$355 / month

Additional Information

Parent 1:   Parent 2:

Name: _____   Name: _____

Occupation: _____   Occupation: _____

Cell #: _____-_____-_____   Cell #: _____-_____-_____

Work #: _____-_____-_____   Work #: _____-_____-_____

Email: _____   Email: _____

Does the child reside with both parents? _____ Yes _____ No

If no, which parent does the child reside with? _____

Names and ages of siblings: _____

_____

Is your child toilet trained? _____

Has your child previously attended preschool or daycare? _____

Please list any allergies or dietary restrictions: _____

_____

Please list any health conditions: _____

Pediatrician Name: _____

Pediatrician Phone Number: _____-_____-_____

Emergency contacts/adults authorized to pick up your child:

1. Name: _____ Relation: _____
   Phone Number: _____-_____-_____

2. Name: _____ Relation: _____
   Phone Number: _____-_____-_____

3. Name: _____ Relation: _____
   Phone Number: _____-_____-_____

Do you give permission for Creative Kids staff to obtain emergency medical treatment if

you cannot be contacted immediately? _____ Yes _____ No

Do you give permission for your child to be photographed? Photographs may be used for social media and advertising. _____ Yes _____ No

What do you hope will be included in your child's preschool experience?

_____

_____

_____

Is there anything else you would like us to know about your child?

_____

_____

_____

_____   _____
Parent Signature   Date