



# Creativity Sprouts – Preschool Application Form

EZ Kids Design Center: 3939 Glade Valley Drive, Kingwood TX 77339

Please fill out this form at return to Shelancia Daniel at [sdaniel@ezkids.com](mailto:sdaniel@ezkids.com)

Child Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  M  F  N/A

Mothers Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Is your child potty trained?  Yes  No

Does your child have any behavioral tendencies that we should know about?  Yes  No

Is yes, please explain: \_\_\_\_\_

Does your child have any allergies?  Yes  No

Is yes, please explain: \_\_\_\_\_

Does your child have any physical disabilities?  Yes  No

Is yes, please explain: \_\_\_\_\_

## Which day of the week would your child like to attend Creativity Sprouts?

Monday  Tuesday  Wednesday  Thursday  Friday

## If your chose day is not available, which day of the week would be your second choice?

Monday  Tuesday  Wednesday  Thursday  Friday

## Which of the following activities would your child enjoy the most:

Cooking  Sewing  Art  Pottery  Acting/Drama  Mini Golf  
 Nature Walks/Activities  Painting  Yoga/Relaxation  Music

## Which of the following activities would your child enjoy the least?

Cooking  Sewing  Art  Pottery  Acting/Drama  Mini Golf  
 Nature Walks/Activities  Painting  Yoga/Relaxation  Music

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

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