



Registration Form

Preferred Start Date: _____

Child Name: _____

Birthday (year/month/day): _____

Gender: _____

Address: _____

Phone: _____

Language spoken at home: _____

☐ Full-time M-F Between 9 am to 2:30 pm

☐ Part-time: Circle your preference (Please Inquire for availability) 9 am to 2:30 pm

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

☐ Option: Extended Hours – 7:30 am to 9 am and 2:30 pm to 5:30 pm

Office Use Only

Registration Fee ☐

Center tour / Orientation ☐

Registration Form ☐

Child's immunization record ☐

Parent Handbook ☐

First Month Tuition ☐

Signature of Director: _____

Security Deposit ☐

Date: _____



Parent/Guardian Information (Primary Contact)

Name: _____

Address: _____ (if different from child's)

Phone: _____

Email: _____

Parent/Guardian (Second Contact)

Name: _____

Address: _____ (if different from child's)

Phone: _____

Email: _____

Emergency Contact

Persons authorized to pick up the child or be contacted in an emergency.

I hereby authorize the following people (Name, relationship, and phone number) to pick up my child at _____.

1. _____

2. _____

Persons NOT authorized to pick up the child. (Name and Relationship)

If applicable, please supply a copy of the Custody Order

1. _____

2. _____

Signature of Parent/Guardian _____ **Date** _____

Registration Fee



Creative Nest Academy hold a non-refundable application fee of \$100 and half month of deposit is payable upon accepting a placement in a program. This application fee secures placement in at Creative Nest Academy program until desired start date.

Signature of Parent/Guardian _____ Date _____

Tell Us about your child



The following information about your child will help us to get to know them quickly and to plan a program to enrich the learning experience. Please be aware that all data will be regarded as confidential.

Child Name: _____

Has child had previous experience away from home? ☐ Yes ☐ No

If yes, please explain (Name of Program, Dates Attended, Reason for Leaving)

How is your child unique to you? (e.g.: Characteristics, qualities, moods, temperament)

How is your child creative? (e.g.: interests, strengths or needs)

What is your child's favorite part of a day with you?

Does your child has Sibling(s) or pet(s) (Name and Birthday)

Health



Child's Care Card # _____

Family Doctor's Name: _____

Phone Number: _____

Does your child have any allergies? ☐ Yes ☐ No

If yes, please specify:

Child's Immunization History

Please note: A copy of the up-to-date Immunization record is required before the first day

☐ I confirm that my child's immunizations are up-to-date.

☐ My child's immunizations are incomplete, but I plan to keep him/her up to date.

Please let us know if there are any other health conditions that Creative Nest Academy educators need to know about your child.

Signature of Parent/Guardian _____

Date _____