



Registration Form

Program Begins from April 20, 2024,

Child Name: _____

Birthday (year/month/day): _____

Gender: _____

Address: _____

Phone: _____

Language spoken at home: _____

Please note that weekend nesters MUST be potty trained, off from training diapers, and 3 years old by the start date of enrollment.

Weekend Nest Daily Schedule

9 am to 10 am – Group discussion, project invitation

10 am to 12 pm – In class Project time

12 pm to 1 pm – Lunch/Wrap up.

1 pm to 2 pm – Outdoor project

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

Signature of Parent/Guardian _____ Date _____

Tell Us about your child.



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

Child Name: _____

Has the 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 favourite 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 them current.

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 _____