

App Rec'd \_\_\_\_\_

Date pd \_\_\_\_\_  
Ck# \_\_\_\_\_  
Cash \_\_\_\_\_  
Credit Card \_\_\_\_\_

**ENROLLMENT APPLICATION 2010-2011**

Please check one: Full day \_\_\_\_\_ Half day \_\_\_\_\_

**THE CREATIVE LEARNING CENTER**  
**A Christian Pre-school and Day Care, Ages 12mos.(walking)-5yrs.**  
**Monday – Friday**  
**7:15am -5:30pm**  
**(706) 782-1567**

Child's Name \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_  
(Circle preferred name)

Date of birth \_\_\_\_\_ Age as of September 1, 2010 \_\_\_\_\_

Home address: \_\_\_\_\_ Home telephone # \_\_\_\_\_  
Street name and number

City State Zip Code

Mailing address (if different from above) \_\_\_\_\_

Mother's Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Mother's Home Address (if different from child's) \_\_\_\_\_

Mother's phone numbers (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_

Mother's Employer \_\_\_\_\_ address \_\_\_\_\_

Father's Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Father's Home Address (if different from child's) \_\_\_\_\_

Father's phone numbers (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_

Father's Employer \_\_\_\_\_ address \_\_\_\_\_

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Child's living arrangements: ( ) both parents ( ) mother ( ) father ( ) other  
If other please explain: \_\_\_\_\_

Child's Legal Guardian(s) ( ) both parents ( ) mother ( ) father ( ) other

**Your child may be released to the person(s) signing this agreement or to the following:**

Name	Complete Address	Telephone

Other children in the family:

Name & age \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Child's latest immunization record must be submitted by open house.**

Persons to contact in the case of an emergency when parents cannot be reached:

Name	Phone number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child's primary health source (name, address and phone number):

My child has the following special needs or requires the following special accommodations: \_\_\_\_\_  
\_\_\_\_\_

My child is currently on medication(s) for long-term use and/or has the following pre-existing illness, allergies or health concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's special interests: (art, music, reading, etc)

\_\_\_\_\_  
\_\_\_\_\_

Has your child ever been in a pre-school or child care setting before? Yes No

What would you like for your child to gain by attending the Creative Learning Center?

\_\_\_\_\_  
\_\_\_\_\_

Family church (denomination) preference: \_\_\_\_\_

Church member:    yes    no    active    inactive

Where? \_\_\_\_\_

Are you interested in finding a church home? \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION**

Should \_\_\_\_\_, \_\_\_\_\_ suffer an injury or illness  
Child's name Date of birth

while in care of the **Creative Learning Center** and the **Creative Learning Center** is unable to contact me/us immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I/We agree to keep the facility informed of changes in telephone numbers, etc., where I can be reached.

The Creative Learning Center agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Child's primary source of health care is:

\_\_\_\_\_  
Physician/Clinic name

\_\_\_\_\_  
Telephone number

I understand that, if my child has an emergency medical situation at school and neither I nor other family members nor any person listed as an emergency contact on my child's application can be located, CLC will transport my child to the emergency room at Mountain Lakes Medical Center (hospital). I also understand that Mountain Community Health Care will be the secondary emergency health care provider.

Please list any ongoing medical conditions (i.e.) diabetic, asthmatic, drug allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone #

## Vehicle Emergency Medical Information

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Father's name \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Mother's name \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Person to notify in an emergency and parents cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's doctor \_\_\_\_\_ Phone \_\_\_\_\_

Medical facility the center uses Mountain Lakes Medical Center

Address 196 Ridgecrest Circle Clayton GA 30525 706-782-3100

Child's Allergies \_\_\_\_\_

Current prescribed medication \_\_\_\_\_

Child's special needs and conditions \_\_\_\_\_

In the event of an emergency involving my child, and if Creative Learning Center cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's name \_\_\_\_\_

Signature (Parent/Guardian) \_\_\_\_\_

Witness By \_\_\_\_\_ Date \_\_\_\_\_

**PARENTAL AGREEMENTS WITH THE CREATIVE LEARNING CENTER**

1. The Creative Learning Center agrees to provide child care for \_\_\_\_\_  
Name child is called

I wish my child to be full day \_\_\_\_\_ half day \_\_\_\_\_

My child will attend:

- \_\_\_\_\_ Five days per week
- \_\_\_\_\_ Three days per week (M, W, F)
- \_\_\_\_\_ Two days per week (T, TH)

Hours:

From \_\_\_\_\_ AM to \_\_\_\_\_ PM

Months:

- \_\_\_\_\_ August- May
- \_\_\_\_\_ August- July

I understand that half-day hours are from 8:00 AM to 12:00 Noon and that full-day students attend between the hours of 7:15 AM and 5:30 PM. I acknowledge that, if my child is a half-day student, I must pick him/her up before lunch is served (12:00), unless paying for lunches, then pickup is 12:15 PM. I understand that both half-day and full-day parents will be charged a **\$1.00 per minute late pick-up fee** and a **\$30.00 late tuition payment fee** (see parent handbook for details).

The Creative Learning Center will provide a breakfast, lunch, and afternoon snack. My child will participate in the following meal plan (circle any that apply).

Breakfast                      Lunch                      Afternoon snack

2. Before any medication is dispensed to my child, I will provide a written authorization, which includes: date, name of child, name of medication, prescription number, dosage and time to be given. Medicine will be in the original container with my child's name marked on it. We only give medications at **12 NOON**.
3. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.
4. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur such as telephone numbers, work location, emergency contacts, child's health care provider, child's health status and immunization records, etc.
5. The Creative Learning Center agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medication, exposure to communicable diseases, which include my child.
6. The Creative Learning Center agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water related activities occurring in water that is more than 2 feet deep
7. I have received a copy and agree to abide by the policies and procedures for the Creative Learning Center.

Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

Signature (CLC Director) \_\_\_\_\_ Date \_\_\_\_\_

**Fees and tuition**

There is a registration fee of \$125.00 per child. The fee must accompany your child’s application to ensure placement in our program. The registration fee provides insurance and supplies for the operation of the pre-school year and is non-refundable.

**Tuition is due the first of each month.** There will be a payment grace period of 5 days. All accounts that have not been paid by the 5th of each month will be charged a late fee of \$30.00. If payment has not been received by the 10<sup>th</sup>, your child will not be allowed to return to school until payment is received. If payment has not been received by the 15<sup>th</sup> of the month, your child’s spot in the preschool program will be forfeited and filled with a child from our waiting list.

Payments may be made by cash, check, or credit card. Checks should be made out to the Creative Learning Center or CLC.

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\*Monthly tuition is as follows:

<b>Half day students:</b>		<b>Full day students:</b>	
2 days a week (TU/TH)	\$220.00	2 days a week (TU/TH)	\$330.00
3 days a week (M, W, F)	\$235.00	3 days a week (M, W, F)	\$372.00
5 days a week	\$250.00	5 days a week	\$450.00

**After School :**Monthly tuition: \$185.00  
Registration fee: \$85.00

These monthly rates are based on the average number of weeks that the school will be open each month. The average number of weeks is 4.16 weeks per month for children who attend 12 months and 4.2 weeks for children who attend 10 months. Holidays and school breaks have already been taken into consideration.

The Creative Learning Center is a non-profit organization. Your child’s tuition pays the teachers’ salaries. We hire our teachers based on the number of children enrolled in the program. Your monthly tuition reserves your child’s spot, therefore we cannot subtract weeks from your tuition if you choose to go on vacation or if your child is temporally ill. We must pay teachers regardless of the days your child is out or the school is closed due to bad weather, consequently tuition is the same every month.

**If you have more than one child attending 5 Full Days, your second child and each child thereafter will receive a 15% discount.**

If your child is enrolled for two or three days per week, you are only allowed to bring him/her on the days he/she is registered. Due to the capacity of our classrooms and staff/child ratios, we cannot provide make-up days.

**\*These fees are current for the 10/11 school year and are subject to change-Thank You!**