Creative Center Preschool

In Which Class Will You Be Enrolling? (circle one)

-Nursery

-PreSchool:  
 -8:30am-10:15am   
 -10:30am-12:15pm  
  
-Pre Kindergarten

436 N 9th St.

Clinton, IN 47842

765-832-5805

www.CreativeCenterPreschool.net

Registration Form

(Please type or print all information)

Child’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthday:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s):

**Mother/guardian** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you prefer to be contacted by E-mail or text? (circle one)

**Father/guardian**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you prefer to be contacted by E-mail or text? (circle one)

**Who does this child live with**: Both parents

Mother

**Circle one** Father

Other (please explain below)

**Information about your child**

Is your child potty trained? Yes No (he does not need to be to attend school)

Is your child current on all immunizations? Yes No

Is your child currently receiving any therapy? (ex. Speech, occupational…) Yes No

**If yes, please explain below**:

Are there any medical conditions we need to be aware of? Yes No

**If yes, please explain below**:

Does your child have any allergies we need to be aware of? Yes No

**If yes, please continue**:

Circle all that apply

Nut

Egg

Milk

Other

Please explain how severe this allergy is:

Cannot have this product ( ex. Cannot drink a glass of milk)

Cannot ingest products that contain this allergen

Cannot be in contact with anything that contains this product

(ex. If I brought a cocoa nut in for the children to see, can your child touch this or be around others that have touched it?)

**Tell us some information about your family**. The children are always telling us stories about what happens at home. It helps us to know who they are talking about.

Who lives in your house that your child might tell us about?

Siblings: names and ages:

Pets: type and names:

Other adults:

What does your child call his/her grandparents?

Is there anything else you would like to tell us about?

Please return this form along with your $10 non-refundable registration fee. We will send you a confirmation when we receive it.

Thank you again for choosing Creative Center Preschool

Your signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Delivery options:  
 -Print and turn into the school.  
 -email to [MrsFoltz87@gmail.com](mailto:MrsFoltz87@gmail.com) Subject Line: “School Registration Form”