



2026-28 W. Belmont Ave
Chicago, IL 60618
(773) 270-4696

APPLICATION FOR ENROLLMENT

Date of Application: _____

Child's Name: _____ Nickname: _____

Date of Birth: _____ Date Admitted: _____

Home Address: _____ City: _____ Zip: _____

Guardian Name (1) _____

Phone (Home) _____ (Cell) _____

Address (if different from child) _____

Place of Employment _____ Occupation _____

Phone (Work) _____

Guardian Name (2) _____

Phone (Home) _____ (Cell) _____

Address (if different from child): _____

Place of Employment _____ Occupation _____

Phone (Work) _____

Special Instructions for contacting guardians:

Person or persons authorized to pick up your child:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

EMERGENCY CARE: Other persons to contact when parents cannot be reached

Name: _____

Relationship: _____

Address: _____

Phone: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____

ATTENDANCE:

Full Time: **YES/NO** Start Date: _____

Part Time: **YES/NO** Start Date: _____ Days: Mon Tues Wed Thurs Fri

Person responsible for tuition: _____

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Insurance Information: _____

CHILD HISTORY:

Is your child receiving any treatments or medication regularly? _____

Has your child had any major accidents or operations? _____

Does your child have any allergies or dietary restrictions? _____

Signature of Parent/Guardian: _____

Date: _____

Please enclose a check or money order made out to Children's Creative Center for the Registration fee of \$100.00 when submitting this Application Form

For Office use only

Enrollment Verification:

Received by: _____

Date Received: _____

Check or Money Order # _____

Name: _____