



1911 West Irving Park Road
Chicago, IL 60613
(773) 281-0980

APPLICATION FOR ENROLLMENT

*Note. If any of the addresses or telephone numbers listed on this form change, please notify us at once.

Date Of Application _____

Child's Name: _____ Preferred Name/Nickname: _____

Date of Birth _____ Date Admitted: _____

Home Address _____ City _____ Zip _____

Guardian Name (1) _____

Phone#'(Main) _____ (Cell) _____

(Other) _____

Address (if different from child) _____

Place of Employment _____ Occupation _____

Work Phone # _____

Guardian Name (2) _____

Phone#'(Main) _____ (Cell) _____

(Other) _____

Address (if different from child) _____

Place of Employment _____ Occupation _____

Work Phone # _____

Special instructions for contacting guardians: _____

Person or persons authorized to pick up your child:

Name _____ Telephone _____

Address _____

Name _____ Telephone _____

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**

Beginning date _____

Part Time From: _____ To: _____ Days: **Mon Tues Wed Thurs Fri**

Person responsible for the tuition: _____

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

Insurance Information _____

CHILD HISTORY:

Is 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: _____

*Please enclose a check or money order made out to Children's Creative Center for the
Registration fee of \$80 when submitting this Application form.*

for office use only

Enrollment Verification

Received by: _____

Date Application of Enrollment received: _____

Check or Money Order # _____ *Name on Check or Money Order:* _____