

Office Use Only	Date Enrolled	Amount	Check No.

## Student Registration Form To Be Completed by Parent/Guardian:

### Student Information

FIRST NAME:	LAST NAME:	DATE OF BIRTH (mm/dd/yyyy) / /
SCHOOL:	GRADE IN SEPTEMBER 2025:	GENDER (CIRCLE ONE): MALE      FEMALE
FOOD ALLERGIES:	MEDICATION ALLERGIES:	

### Parent/Guardian Information

FIRST NAME:	LAST NAME:	RELATIONSHIP TO STUDENT:
HOME ADDRESS (House #, Street name, Apt #)	CITY:	STATE / ZIP:
PARENT/GUARDIAN EMAIL:	PRIMARY PHONE NUMBER:	ALTERNATIVE PHONE NUMBER:

### Emergency Contact Information

EMERGENCY CONTACT NAME:	RELATIONSHIP TO CHILD:	EMERGENCY CONTACT PHONE NUMBER:
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### Siblings

SIBLING #1 NAME:	SIBLING #2 NAME:	SIBLING #3 NAME:
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### Transportation

Select one: <input type="checkbox"/> Pick-up only <input type="checkbox"/> Drop off only <input type="checkbox"/> Pick-up and Drop Off (Both Ways) <input type="checkbox"/> NONE	Pick-Up Address:	Drop-Off Address:
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### Tell us about your child (Anything we need to be aware of)

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### Creative Mind Terms & Conditions:

<p>1) <b>Absences</b> – Credit or refunds will not be issued for days your child is absent.</p> <p>2) <b>Termination of Services</b> – We reserve the right to discontinue services for the following reasons:          a) The child’s behavior is destructive, threatening, or violent toward self, other children, and/or staff members.          Non-payment of tuition by the parent/guardian.</p> <p>3) <b>Photo/Video Permission</b> – I hereby allow Creative Mind to take pictures/videos of my child and grant permission for these materials to be used for publications, presentations, publicity, and/or promotions.</p> <p>4) <b>Monthly Tuition</b> – Please note that some months may have more school days than others; our tuition is based on a flat monthly rate, not a per-day calculation.</p> <p>5) <b>Late Payment Fee</b> – Tuition is due by the 10th of each month. A \$10.00 late fee will be applied for payments received after this date.</p> <p>Parent/Guardian Signature: _____ Date: _____</p>
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