

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:

- 1) **Absences** – Credit or refunds will not be issued for days your child is absent.
- 2) **Termination of Services** – 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.
- 3) **Photo/Video Permission** – 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.
- 4) **Monthly Tuition** – 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.
- 5) **Late Payment Fee** – Tuition is due by the 10th of each month. A \$10.00 late fee will be applied for payments received after this date.

Parent/Guardian Signature: _____ Date: _____

