

Creative Years Infant/Toddler Program

Visitor Information ___ Enrollment Information ___

Thank You for coming to Creative Years!

Child's Name _____ (Circle) M F

Birthdate _____

Address _____

City, Zip _____

Home Phone _____

E-Mail Address _____

Parent Name _____

Cell Phone _____

Employer Name and Address _____

Work Phone _____

Parent Name _____

Cell Phone _____

Employer Name and Address _____

Work Phone _____

Siblings: _____

Birthdate: _____

Siblings: _____

Birthdate: _____

* I would like my infant/toddler to attend on (please check days), tuition fee \$ _____ /week.

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

My child will be at school from approximately _____ a.m. until _____ p.m.

My child's first day will be on _____.

I am enclosing the non-refundable registration fee, check # _____ or Visa/Master card _____.

I am enclosing the deposit of \$ _____, check # _____ or Visa/Master card _____.

Signature _____

Date _____

OFFICE INFORMATION

Waiting list on _____ Start date _____ Tour by _____ TO _____