

CREATIVE GARDEN NURSERY SCHOOL & KINDERGARTEN, LTD.

(410)721-7711/7713 1560 Crofton Parkway, Crofton MD 21114 F: (410) 721-8836

“49 Years Enriching the Lives of Children” 2017/18 APPLICATION FOR ADMISSION

REGISTRATION FEE*: Day Care: _____ \$89.00 Nursery School: _____ \$79.00

CLASS	NS	DC	M	T	W	TH	F	HOURS	OFFICE USE	
2 YEARS									CHECK #	
3 YEARS									REGISTRATION	
4 YEARS									TUITION	
TRANSITIONAL									BOOK FEE	
KINDERGARTEN									TOTAL PAID	

DATE: ___/___/___ START DATE: ___/___/___ MONTHLY TUITION: _____ DATE OF BIRTH: ___/___/___

CHILD'S Last Name _____, First Name _____ Sex _____ Home Phone _____ Yes: ___ No: ___
Potty Trained _____

MOTHER'S Cell Phone: _____ FATHER'S Cell Phone: _____

CHILD'S Address: _____ City: _____ Zip: _____

Email: _____ ALLERGIES: _____

Child lives primarily with: Mother: () ; Father: () ; Other adult in home: _____
(Non-custodial parent has my permission to: Pick-up child _____; Receive information _____)

FATHER'S Name: _____ Address (If Different): _____

Employer: _____ City: _____ Work Phone: _____

MOTHER'S Name: _____ Address (If Different): _____

Employer: _____ City: _____ Work Phone: _____

How I found out about Creative Garden School: _____

My child will be picked up by: 1. _____ 2. _____ 3. _____

(Your child *will not* be released to anyone not listed unless we are notified.)

Three emergency/pickup names and phone numbers in area (*other than parents*):

NAMES:	RELATIONSHIP:	PHONE NUMBERS:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Doctor's Name: _____ Phone Number: _____

*PLEASE NOTE: SCHOOL POLICY - REGISTRATION FEES ARE REFUNDABLE ONLY IF NOTIFICATION OF FAMILY RELOCATION IS GIVEN PRIOR TO APRIL 1. Transitional/Kindergarten Book Fee (\$89) is due with your August tuition. WE HAVE DESIGNATED ROOMS FOR CHILDREN NOT POTTY TRAINED.

IF THERE ARE ANY PAST OR CURRENT EVENTS WHICH MIGHT HAVE AN AFFECT ON YOUR CHILD'S BEHAVIOR OR DEVELOPMENT, PLEASE LET THE DIRECTOR AND APPROPRIATE TEACHER KNOW. GIVE A BRIEF DESCRIPTION ON THE BACK OF THIS APPLICATION. EXAMPLE: CONFLICT, DIVORCE, DEATH IN FAMILY, LOSS OF JOB, HYPERACTIVITY, LEARNING DISABILITY, DEVELOPMENT DELAY (MILD TO SEVERE). PLEASE BE ADVISED THAT ADMISSION CAN BE REFUSED TO A CHILD IF IT IS DETERMINED THAT WE ARE UNABLE TO MEET HIS/HER MEDICAL/SPECIAL NEEDS. APPLICATION FALL NEW.docx