



CREATIVE LEARNING  
ACADEMY  
Child Registration Form

Child's Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Expected Due Date (Infants Only): \_\_\_\_\_ Gender: M or F  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Days Attending: M T W Th F (Circle) Anticipated Drop/Pick up \_\_\_\_ to \_\_\_\_ Start Date: \_\_\_\_\_

Parent/Legal Guardian 1 Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Last four digits of social (Entry code): \_\_\_\_\_

Parent/Legal Guardian 2 Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Last four digits of social (Entry code): \_\_\_\_\_

Emergency Care Authorization:

I authorize the CREATIVE LEARNING ACADEMY STAFF to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any testing, medication, other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the CREATIVE LEARNING ACADEMY STAFF in the exercise of their best judgment upon the advice of any such medical or emergency personnel. I also understand, upon the need of transport, I will be notified of such and a designated staff member will accompany my child. My preferred facility is \_\_\_\_\_ but I understand that the nearest facility may be in the best interest of my child.

Child's Pediatrician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Child's Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Allergies/Disabilities/Medical Conditions:

As the parent/guardian of the above-named child, I certify that he/she is in good physical health and may participate in the normal activities of the program and has no conditions or specific needs that require specific accommodations, unless otherwise indicated in the medical information provided above or an attached Universal Health Record (required for children 6 weeks-Kindergarten) or a Care Plan for Children with Special Health Needs.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Emergency Contacts: (Persons authorized to pick up your child and/or contact in case of emergency if neither parent is available to assume responsibility for the child)

Contact #1: Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Contact #1: Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Consents/Disclosures:

Custodial Acknowledgment:

I understand that providing both parents/legal guardians information gives both parties the right to visit/pick up the aforementioned child at any time. If custody circumstances change for any reason, Creative Learning Academy must be notified in writing and will request documentation from the proper authority.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Custodial Information:

If a non-custodial parent is not authorized to pick up the child, or there is a court order pertaining to a custodial agreement, a court order must be provided. Check which statement applies:

\_\_\_\_ Yes, this applied to my situation and I have attached documentation

\_\_\_\_ No, this does not apply to my situation

Dietary Preferences:

If cakes, cookies or other treats are given as a snack in the event of a Birthday or other special occasion: (please check one)

\_\_\_\_ I give permission for my child to be served all items

\_\_\_\_ I wish for my child not be served the following items: (include allergy foods)

Languages:

What languages are spoken at home? \_\_\_\_\_

Marketing Information:

How did you hear about Creative Learning Academy?

\_\_\_\_ Personal Referral-Name of referral: \_\_\_\_\_

\_\_\_\_ Drive By

\_\_\_\_ Internet - What search engine: \_\_\_\_\_

\_\_\_\_ Social Media- Which platform: \_\_\_\_\_

\_\_\_\_ Advertisement- Which one: \_\_\_\_\_

Notes:

\_\_\_\_\_  
\_\_\_\_\_