



CREATIVE CORNER SCHOOL
 11 SHERIDAN CIRCLE
 WINCHESTER, MA 01890
 781-721-5566
 FAX 781-721-5585
www.creativecornerschool.com

Application Rec'd: _____ Reg Fee: _____ Deposit: _____ _____ Classroom: _____ Start Date: _____ Initials: _____

Application for Enrollment

Date of Application _____ Date of Admission _____ M ___ F ___

Name of Child _____ Date of Birth _____ Age at Admission _____

Home Address _____ Zip Code _____

Home Telephone _____ Primary Language _____

Name of Parent _____ Occupation _____ Business Name & Address _____ _____ Hours of work _____ Work Phone _____ Home Address _____ _____ Email _____

Name of Parent _____ Occupation _____ Business Name & Address _____ _____ Hours of work _____ Work Phone _____ Home Address _____ _____ Email _____

Name and ages of other children in family _____

I, _____ wish to enroll _____ in the Creative Corner School program for the following schedule:

Programs available up to 11 hours per day:

Infant (6 weeks to 15 months) = **Full time only** 5 days per week x 10 hours per day... Hours: **AM** **PM**

Toddler (15 months to 2 years 9 months) = **8 hour minimum** Circle Days: M T W Th F Hours: **AM** **PM**

Preschool/PreK (2 years 9 months – 5years) Circle Days: M T W Th F Hours: **AM** **PM**

Kindergarten = 5 days per week (**8:30 – 3:30 core program**) Hours: **AM** **PM**

Our process for application requires this form on file with a non-refundable registration fee of \$75 and a deposit equal to 50% of 1 month's tuition which will be held as a credit for the final month of attendance after a 6 month commitment.

I have read and understand the policies listed in the *Creative Corner Policies and Tuitions* and agree to comply.

Signature of Parent / Guardian _____ Date _____