



Creative Corner School

APPLICATION FOR SUMMER 2016

Date of Application _____ Date of Admission _____ Age at Admission _____

Name of Child _____ Date of Birth _____ Primary Language _____

Home Address _____ Zip Code _____

Home Telephone _____ Email _____

Name of Parent _____ Home Phone _____

Home Address _____ Zip Code _____

Business Name and Address _____

Hours of Work _____ Work Telephone _____

Name of Parent _____ Home Phone _____

Home Address _____ Zip Code _____

Business Name and Address _____

Hours of Work _____ Work Telephone _____

Name and ages of other children in family _____

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

Enrollment Options:

(Circle one)

July 1-31, 2016 August 1-31, 2016 July 1-August 31, 2016

(Circle one)

5 days 4 days 3 days 4 hours 7 hours 10 hours

Days _____ Hours _____

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

Signature of Parent / Guardian

Date