



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 Summer 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:

Enrollment Options:

(Circle One)

July 5-31, 2017 August 1-31, 2017 July 5-August 31, 2017

(Circle One)

5 days 4 days 3 days 4 hours (8:30-12:30) 7 hours 10 hours

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

Signature of Parent / Guardian _____ Date _____

A non-refundable tuition deposit equal to 50% is due at the time of registration.

The balance is due on your child's first day.