



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 _____
Relationship to Child _____
Occupation _____
Business Name & Address _____

Hours of work _____
Work Phone _____
Email _____

Name of Parent _____
Relationship to Child _____
Occupation _____
Business Name & Address _____

Hours of work _____
Work Phone _____
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; programs with 3-day option must include either Mon. or Fri.; 2 -day option only as available:

Infant (6 weeks to 15 months) = 10-hour minimum	Mon-Fri Only	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) =7-hour minimum	Circle Days: M T W Th F	Hours: AM PM
Kinder. Prep = 5 days per week (8:30 – 3:30 core program)	Mon-Fri Only	Hours: AM PM

Our Application process for Enrollment requires this form be on file with a non-refundable application fee of \$75 and a deposit equal to one month's tuition, which will be held as a credit toward the final month of attendance after a 6-month commitment and a 30-day notice of withdrawal. If choosing not to attend, we require a written notice at least 90 days prior to the original start date on this application in order to issue a refund of the deposit.

One 30-day deferment from the original agreed start date is allowed without penalty FOR INFANTS ONLY. After that deferment, to hold your space, tuition must be paid monthly. If you choose not to make the payments, you will forfeit your deposit. You then must re-apply for enrollment, although we cannot guarantee space availability.

I have read and understand the policies listed above and agree to comply.

Signature of Parent / Guardian _____ Date _____