



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 2020

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

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

Home Address _____ Zip Code _____

Telephone _____ Primary Language _____

Name of Parent _____
Occupation _____
Business _____ Name _____ &
Address _____

Hours of work _____ Work Phone _____

Name of Parent _____
Occupation _____
Business _____ Name _____ &
Address _____

Hours of work _____ Work Phone _____

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 6-31, 2020 August 1-28, 2020 July 6-August 28, 2020

(Circle if needed) Extra Week June 29-July 2* Extra Week August 31-Sept 3**

*Closed July 3, 2020

**Closed Sept 4, 2020

(Circle One) 5 days 4 days 3 days Number of Hours _____ (7 - 10 hours available)

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.