



2-Year-Old

## SUMMER FUN and PLAY 2020

Dates: Session I: 6/1 - 6/5  
Session II: 6/8 - 6/12

Time: 9:00 A.M. until 12:00 P.M.

Ages: 20 months (as of 6/1/2020) to 36 months  
\*Children do not need to be toilet trained.

Price: \$225 per Session (\$100 due at registration,  
remaining balance due on or before Friday, May 15<sup>th</sup>)

- ❖ Each Summer Fun day will include ample outside play, music and movement enrichment, story time, games, art, and more.
- ❖ Morning snack and juice/water will be provided daily.
- ❖ Before dropping your child off, please apply sunscreen and insect repellent.
- ❖ Return your registration form and deposit as soon as possible to ensure a spot.

Limited availability – Register Today!



# 2-Year-Old CREATIVE SCHOOL SUMMER FUN and PLAY 2020

A registration form must be filled out for **EACH STUDENT** being enrolled in the Summer Fun program. Students enrolled at the Creative School during the 2019-2020 school year must still fill out this form to fully register. In addition to this form, all parents must submit an updated medical form for each child. **If a current medical form is on file at the Creative School, please make a note in the space below:**

[ ] **check here** if medical form is on file at the Creative School. If this is the case, you **do not** have to turn in another copy. However, this registration form must still be filled out and turned in along with deposit to register.

CHILD'S NAME: \_\_\_\_\_ PREFERRED NAME: \_\_\_\_\_

CHILD'S ADDRESS:

\_\_\_\_\_ STREET CITY ZIP CODE

\_\_\_\_\_ DATE OF BIRTH AGE AS OF 6/1/2020 Boy \_\_\_\_\_ Girl \_\_\_\_\_

\_\_\_\_\_ FATHER'S NAME

\_\_\_\_\_ MOTHER'S NAME

\_\_\_\_\_ CELL PHONE #

\_\_\_\_\_ CELL PHONE #

\_\_\_\_\_ FATHER'S EMPLOYER

\_\_\_\_\_ MOTHER'S EMPLOYER

\_\_\_\_\_ BUSINESS PHONE #

\_\_\_\_\_ BUSINESS PHONE #

**EMERGENCY CONTACT** (Please furnish two names other than the parents.)

**Contact #1** \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

**Contact #2** \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

**AUTHORIZATIONS**

I. In the event that I (we) cannot be reached to make arrangement for emergency medical attention, I (we) authorize Creative School to take my child to:

Doctor: \_\_\_\_\_ Address \_\_\_\_\_

Phone: \_\_\_\_\_ Standard practice in an emergency is to transport the child to the nearest hospital. We use Texas Health Presbyterian Hospital unless specified otherwise.

II. These persons are allowed to pick up my child at Creative School. (List name and phone number):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

(Note: If your child's normal transportation is unavailable, please send a note to the school office with the name of the person who will be picking up your child. We will check I.D.)

III. I have read and agree with the statements above and to the registration policies listed on the attached information sheet.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Open Registration begins February 8, 2020.

I am signing my child up for:

Session I: June 1<sup>st</sup> – June 5<sup>th</sup> \_\_\_\_\_

Session II: June 8<sup>th</sup> – June 12<sup>th</sup> \_\_\_\_\_

Tuition is non-refundable, but we will shift sessions if space is available.

Deposit of \$100 due with Registration Form to secure placement.

**Remaining balance of \$125 is due on or before Friday, May 15<sup>th</sup>**

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For Office Use Only:

Total Amount Due: \_\_\_\_\_

Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Check Number: \_\_\_\_\_

Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Check Number: \_\_\_\_\_