



# CREATIVE DISCOVERIES PRESCHOOL

3735 Liberty Rd. S, Salem, Oregon 97302 (503) 362-3938  
www.creativediscoveriespreschool.com

## REGISTRATION CONTRACT

Child's Name \_\_\_\_\_ Goes By \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender \_\_\_\_\_ School Year 2010-2011

Address \_\_\_\_\_ E-Mail \_\_\_\_\_

City, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Business or Cell Ph. \_\_\_\_\_

Mother's Name \_\_\_\_\_ Business or Cell Ph. \_\_\_\_\_

Emergency Name & Phone \_\_\_\_\_

Child's Doctor & Phone \_\_\_\_\_

Child's Siblings & Ages \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

Child's T-Shirt Size\*: Circle size to order 12 mo 2T 3T 4T

\*One T-shirt is included with first registration. Additional shirts may be purchased: Child/Adult \$10

## Enrollment Options

Check Choice	Child's Age On Sept 1st	Program	# of days/week	Days/Time
<input type="checkbox"/>	18-24 months	Toddler Time	1 day/week	Monday or Tuesday (circle one) 9:00 - 11:00am
<input type="checkbox"/>	24-36 months	Toddler Time	1 day/week	Wednesday or Thursday (circle one) 9:00 - 11:00am

Please deliver or mail this completed registration contract with registration fee to Creative Discoveries Preschool. Upon receipt, CDP will review your request:

- A. Your child **will be enrolled** if CDP **can** accommodate an Enrollment Option you have selected. **-Or-**
- B. Your Registration Fee will be refunded if CDP **cannot** accommodate an Enrollment Option you have selected. You may request to be placed on a waiting list. When your selection becomes available, you will need to re-submit your registration fee to complete enrollment.

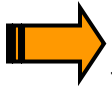
Please see reverse side for important additional information. 

## Toddler Time Program: (18-36 months old)

As a participant in Creative Discoveries Toddler Time, I agree to each of the following. Please initial:

1. \_\_\_\_\_ Pay \$175 tuition each semester. A \$50 deposit (applicable toward tuition) is required with registration contract. Deposit is non-refundable if my child is accepted for enrollment. Balance is due on or before my 1<sup>st</sup> scheduled session.
2. \_\_\_\_\_ A \$10 late fee will be charged for tuition paid after the 1st class session each semester.
3. \_\_\_\_\_ Stay and participate with my toddler during each session.
4. \_\_\_\_\_ Keep my child home if he/she shows signs of a communicable illness including: Undiagnosed rash, fever, diarrhea, and mucous discharge that is anything but clear, barking or productive cough, vomiting, skin or eye lesions or rashes that are severe, weeping or pus-filled, including chickenpox and pink-eye.
5. \_\_\_\_\_ Turn in a completed Certificate of Immunization Form before first session.
6. \_\_\_\_\_ Refunds and make-up classes are not offered for absences, school closures and/or inclement weather.

SIGN BELOW



\_\_\_\_\_

PARENT SIGNATURE



\_\_\_\_\_

DATE

**AMOUNT DUE** (with registration contract):

\$50.00 Toddler Time Deposit

By First day of class:

Tuition - \$ \_\_\_\_\_

**TOTAL DUE** - \$ \_\_\_\_\_

[OFFICE USE ]

Amount received	NOTES
\$ _____	
\$ _____	
\$ _____	
\$ _____	
\$ _____	

## Class Calendar

Fall Session: September 27th-January 27th

No School November 11th for Veterans Day

No School November 22-25 for Thanksgiving Break

No School December 21-23 and 27-30 for Winter Break

No School January 17th for Martin Luther King Day

Spring Session: January 31st-May 19th

No School February 21th for President's Day

No School March 21-24 for Spring Break