



CLASS CHOICE FORM 2018-2019

1451 Ebenezer Rd.
Cincinnati, OH 45233
513.941.7254

CHILD'S NAME _____ M _____ F _____

DATE OF BIRTH _____

FAMILY STATUS: Current Returning New Board

I REQUEST TO ENROLL MY CHILD IN THE FOLLOWING CLASS. I UNDERSTAND THAT MY \$100 (\$75 EACH FOR CHILDREN ENROLLING FROM THE SAME FAMILY) REGISTRATION FEE IS NON-REFUNDABLE ONCE MY CHILD IS CONFIRMED IN MY FIRST OR SECOND CHOICE AS INDICATED BELOW.

THREE YEAR CLASS OFFERING

Children registering for this class must be 3 years old by December 31, 2018

Please make a MINIMUM of 2 choices, indicating choice by placing a #1 and #2, etc. in the appropriate boxes

- MONDAY/WEDNESDAY (9:00-11:30)
- TUESDAY/THURSDAY (9:00-11:30)
- MONDAY/WEDNESDAY (12:30-3:00)
- MONDAY/WEDNESDAY/FRIDAY (12:30-3:00)
- TUESDAY/THURSDAY (12:30-3:00)
- FRIDAY FRIENDS (9:00-11:30)

FOUR & FIVE YEAR OLD CLASS OFFERING

Children registering for this class must be 4 years old by September 30, 2018 or by approval

Please make a MINIMUM of 2 choices, indicating choice by placing a #1 and #2, etc. in the appropriate boxes (EACH BOX IS ONE CHOICE!)

- MONDAY/WEDNESDAY/FRIDAY MORNING
Please circle your time preference (*time choice is not guaranteed*): 8:45-11:30 **OR** 9:00 – 11:45 **OR** NO PREFERENCE
- TUESDAY/THURSDAY MORNING
Please circle your time preference (*time choice is not guaranteed*): 8:45-11:30 **OR** 9:00 – 11:45 **OR** NO PREFERENCE
- TUESDAY/THURSDAY AFTERNOON 12:30-3:15
- TUESDAY/THURSDAY/FRIDAY AFTERNOON 12:30-3:15 or 12:45– 3:30

PRE-K

Children registering for this class must * be signed by the child's current Creative Preschool teacher

or be 5 years old by September 30, 2018 *PREFERENCE IS ALWAYS GIVEN TO REPEATING 4's

- MONDAY/WEDNESDAY/FRIDAY (12:15-3:45) teacher signature _____

Optional ½ hour Delayed Pick-Up Care

Creative Preschool offers an optional ½ hour *Delayed Pick-up Care* for those parents who need extra time to pick up their child from Creative Preschool. Cost: \$5/day (You must commit to pay for each day you agree to, even if you don't use it every day. For instance, you request to use this service on Mondays, but there are occasional Mondays when you can pick your child up on time. You are still obligated to pay for the service for this day. No refunds are given.)

- Yes, I would like the ½ hr *Delayed Pick-up Care* for the following days _____

FOR OFFICE USE	Status: C R N B	Received date/number _____	check number _____
	Class Placement _____	confirmation date _____	



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GENERAL INFORMATION FORM

CHILD'S NAME _____ M _____ F _____

DATE OF BIRTH _____

FAMILY INFORMATION:

PARENT'S MARITAL STATUS: MARRIED DIVORCED SEPARATED SINGLE

CHILD LIVES WITH: MOTHER ONLY FATHER ONLY BOTH PARENTS OTHER _____

NUMBER OF PERSONS IN FAMILY (including adults) _____

SIBLINGS _____ GENDER _____ AGE _____

_____ GENDER _____ AGE _____

GENERAL INFORMATION:

PLEASE INITIAL THE APPROPRIATE BOX AFTER EACH INFORMATION LINE INDICATING YOUR DESIRE TO HAVE THAT INFORMATION APPEAR ON YOUR CHILD'S CLASS ROSTER.

Initial YES: This information will be printed on your child's Class Roster and will be distributed to *all parents* in your child's class. It will be viewed by staff, Board, and parents in your child's class, but **WILL NOT** be made available to outside sources or published online.

Initial NO: This information **will be omitted** from your child's Class Roster. It will be used by staff only.

Please fill in the following information by printing clearly and legibly.	YES	NO
Address _____ City _____ Zip _____		
Home phone: _____		
Father's name (first and last): _____		
Father's Cell phone: _____		
Mother's name (first and last): _____		
Mother's Cell phone: _____		
Email address(es): _____		

PLEASE INITIAL THE APPROPRIATE BOX FOR THE FOLLOWING:

I give permission for photos taken of my child during class or school events which may be used by Creative Preschool. I understand that names will <i>not</i> appear.		
I give permission for my child's photo to appear on the Creative Preschool Facebook page. This Facebook page will be administered by Creative Preschool staff and Board President only. I understand that children's names will <i>not</i> appear.		

Parent or Guardian must sign. *By signing below I give or deny my agreement to the above choices.*

SIGNATURE _____ date _____



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ENROLLMENT AGREEMENT 2018-2019

I hereby make application to have _____, a child of _____ years of age, attend
(Child's Name)
Creative Preschool, Inc. for the school term, September 2018-May 2019. I am the _____ of the said child.
(Parent or Guardian)

PLEASE NOTE THAT A \$50 TUITION REDUCTION WILL BE APPLIED TO EACH CHILD FROM THE SAME FAMILY ENROLLED IN THE 2018-2019 SCHOOL YEAR

PLEASE CIRCLE THE PROGRAM IN YOU WISH TO ENROLL:

- PRE-K PROGRAM** \$1729.00 per school year or \$192.00 per 9 installments
3 ½ hour class PLUS a \$100.00 (\$75 each for families registering more than one child) Registration Fee.
- 3-DAY 4's PROGRAM** \$1460.00 per school year, or \$163.00 per 9 installments
2 ¾ hour class PLUS a \$100.00 (\$75 each for families registering more than one child) Registration Fee.
- 2-DAY 4's PROGRAM** \$1219.00 per school year, or \$136.00 per 9 installments
2 ¾ hour class PLUS a \$100.00 (\$75 each for families registering more than one child) Registration Fee.
- 3-DAY 3's PROGRAM** \$1325.00 per school year, or \$148.00 per 9 installments
2 ½ hour class PLUS a \$100.00 (\$75 each for families registering more than one child) Registration Fee.
- 2-DAY 3's PROGRAM** \$1081.00 per school year, or \$121.00 per 9 installments
2 ½ hour class PLUS a \$100.00 (\$75 each for families registering more than one child) Registration Fee.
- 1-DAY 3's PROGRAM** \$805.00 per school year, or \$90.00 per 9 installments
2 ½ hour class PLUS a \$100.00 (\$75 each for families registering more than one child) Registration Fee.
- DELAYED PICK-UP CARE** \$5/day (You must commit to pay for ALL requested days -- no refunds)

REGISTRATION FEES ARE IN ADDITION TO TUITION AND ARE NON-REFUNDABLE

Tuition Payment agreement – Once confirmed registered for the 2018-2019 school year

It is agreed that, once my child is placed on a class roster for the 2018-2019 school year, I shall not be relieved of my obligation to make payments herein agreed to, and that no deduction or allowance from any said payments shall be made by reason of the absence or withdrawal of pupil except by petition in writing to the Board of Directors, nor shall there be a deduction for any cancellation of class due to emergency days. It is understood that the school reserves the right for any cause that the officers of the said school may consider sufficient, to suspend or dismiss the child.

The school regulations, as stated in the information booklet, not at variance with any of the provisions herein, are to be considered as, and made part of, this agreement. **THIS IS A LEGAL AND BINDING CONTRACT.**

Dated in Cincinnati, Ohio this _____ day of _____, 20_____.

Child's Name _____ SIGNED: _____
(Person Responsible for Tuition Payments)

Address _____ Child's Date of Birth _____

Date of Admission: September, 2018