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# **CLASS CHOICE FORM 2024-2025**

	Creative Preschool 451 Ebenezer Rd.	CHILD'S	NAME			MF		
	icinnati, OH 45233	DATE OF B	RTH					
	513.941.7254	FAMILY STA	ΓUS: Current	$\square_{\mathbf{Returning}}$	$\square_{\text{New}}$	Board Member		
ENR	ROLLING FROM TH		GISTRATION FEE			\$100 (\$75 EACH FOR CHILDREN MY CHILD IS CONFIRMED IN MY		
Chi Chi Plea	ldren registering	for TWO DAY 3's c for FRIDAY FRIEN MUM of 2 choices, in	DS class must b	e 3 years old by I	December 3			
	MONDAY/WEDNE	SDAY (9:00-11:30) *r	nust be 3 years of	d by September 30	0, 2024.			
	TUESDAY/THURSDAY (9:00-11:30) *must be 3 years old by September 30, 2024.							
	MONDAY/WEDNI	ESDAY (12:30-3:00) *1	must be 3 years o	ld by September 3	0, 2024.			
	MONDAY/WEDNESDAY (12:30-3:00) *must be 3 years old by September 30, 2024.							
	TUESDAY/THURSDAY (12:30-3:00) *must be 3 years old by September 30, 2024.							
	FRIDAY FRIENDS	5 (9:00-11:30) *must be	e 3 years old by I	December 31, 2024	1.			
Plea	ase make a MINIM ACH BOX IS ONE		ndicating choice	by placing a #1 a		in the appropriate boxes		
		URSDAY MORNING						
_	Please circle yo	ur time preference (time	choice is not guar	canteed): 8:45-11:3	30 <b>OR</b> 9:0	00 – 11:45 <b>OR</b> NO PREFERENCE		
	MONDAY/WE	DNESDAY/FRIDAY A	AFTERNOON 12	2:30-3:15				
Ш		URSDAY/FRIDAY AI	TERNOON 12:4	5-3:30				
Chi		for this class must be tentember 30, 2024.						
Ц	MONDAY/WE	DNESDAY/FRIDAY 8	3:30-11:45					
pare	ents who need extra		child from Crea			r <i>Delayed Pick-up Care</i> for those (You must commit to pay for each		
	Yes, I would l	ike the ½ hr <i>Delayed</i>	Pick-up Care for	the following day	S			
FO	R OFFICE USE	Status: C R Class Placement		Received date/num		check number		



## **GENERAL INFORMATION FORM**

CHILD'S NAME	M	_F
1451 Ebenezer Rd. Cincinnati, OH 45233  DATE OF BIRTH		
513.941.7254 FAMILY INFORMATION:		
PARENT'S MARITAL STATUS: UMARRIED UDIVORCED USEPARATED USING		
CHILD LIVES WITH: IMOTHER ONLY IFATHER ONLY IBOTH PARENTS IOTHE	.R	
NUMBER OF PERSONS IN FAMILY (including adults)		
GENDERAGE	GENDER_	AGE
GENDERAGE	GENDER_	AGE
GENERAL INFORMATION:		
	NG YOUR DE	SIRE TO
IAVE THAT INFORMATION APPEAR ON YOUR CHILD'S CLASS ROSTER.		
nitial YES: This information will be printed on your child's Class Roster and will be distributed		
hild's class. It will be viewed by staff, Board, and parents in your child's class, but <b>WILL NOT</b> utside sources or published online.	be made ava	ilable to
nitial NO: This information will be omitted from your child's Class Roster. It will be used by s	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):	ı	
Father's Cell phone:		
Mother's name (first and last):		
Mother's Cell phone:		
Email address(es):	ı	
PLEASE INITIAL THE APPROPRIATE BOX FOR THE FOLLOWING:		
I give permission for photos taken of my child during class or school events to be used by Creative Preschool. I understand that names will <i>not</i> appear.		
I give permission for my child to be included in photos and videos that appear on the Creative Preschool's Facebook pages. These pages are 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 ch	oices.	



\_date\_\_\_

SIGNATURE\_\_\_\_

### 1451 Ebenezer Road Cincinnati, Ohio 45233

## **ENROLLMENT AGREEMENT**

I hereby make application to have		, a child of	years of age, attend				
Creative Preschool, Inc. for the sch	(Child's Name) nool term, September 2024-May 2025. I am th	e(Parent or Gua	of the said child.				
<u>PLEAS</u>	E CIRCLE THE PROGRAM IN WHICH	I YOU WISH TO EN	NROLL:				
PRE-K PROGRAM 3 1/4 hour class	\$2000.00 per school year or \$222.00 per 9 installments PLUS a \$100.00 (\$75 each for families registering more than one child) Registration Fee.						
<b>3-DAY 4's PROGRAM</b> 2 <sup>3</sup> / <sub>4</sub> hour class	\$1775.00 per school year, or \$197.00 per 9 installments PLUS a \$100.00 (\$75 each for families registering more than one child) Registration Fee.						
2-DAY 4's PROGRAM 2 ¾ hour class	\$1,478.00 per school year, or \$164.00 per 9 installments PLUS a \$100.00 (\$75 each for families registering more than one child) Registration Fee.						
2-DAY 3's PROGRAM 2 ½ hour class	\$1,415.00 per school year, or \$157.00 per 9 installments PLUS a \$100.00 (\$75 each for families registering more than one child) Registration Fee.						
1-DAY 3's PROGRAM 2 ½ hour class	\$1100.00 per school year, or \$122.00 per 9 installments PLUS a \$100.00 (\$75 each for families registering more than one child) Registration Fee.						
<b>DELAYED PICK-UP CARE</b> \$5/day (You must commit to pay for ALL requested days no refunds)							
REGISTR AT	ION FEES ARE IN ADDITION TO TUITIO	N AND ARF NON-RI	FFUNDARI F				
	nent agreement – Once confirmed re						
obligation to make payments he reason of the absence or withdra deduction for any cancellation of	rein agreed to, and that no deduction or all awal of pupil except by petition in writing of class due to emergency days. It is under thool may consider sufficient, to suspend of	lowance from any sa to the Board of Dire- rstood that the school	id payments shall be made by ctors, nor shall there be a				
	d in the information booklet, not at variance, this agreement. THIS IS A LEGAL AN						
Dated in Cincinnati, Ohio this	day of	, 20	·				
Child's Name	SIGNED:	Person Responsible f	or Tuition Payments)				
Address	Child's Date of Admission:September, 2	ate of Birth					