

## Creative Learning @FPC Child Enrollment Form

Date of Application: \_\_\_\_\_  
Child's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Elementary school \_\_\_\_\_ 2025-26 Grade: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone number: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Mother's Employer: \_\_\_\_\_  
Mother's Work Address: \_\_\_\_\_  
Mother's Phone Number: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ email address \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Father's Employer: \_\_\_\_\_  
Father's Work Address: \_\_\_\_\_  
Father's Phone Number: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ email address \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ relationship to child \_\_\_\_\_  
Guardian's Employer: \_\_\_\_\_  
Guardian's Work Address: \_\_\_\_\_  
Guardian's Phone Number: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ email address \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
**Allergies:**  
Asthma: \_\_\_\_\_ Hay fever: \_\_\_\_\_ Hives: \_\_\_\_\_  
Foods (list): \_\_\_\_\_  
Other: \_\_\_\_\_

**I have met with the Director and discussed the discipline expectations and policies:**  

**We request financial assistance:** \_\_\_\_\_ (documentation of income will be required)  
**My child qualifies for:** \_\_\_\_\_ free lunch, \_\_\_\_\_ reduced lunch, \_\_\_\_\_ Other

**We agree to pay the tuition fee of:** \$ \_\_\_\_\_ **Per: month** \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Registration fee of \$40.00 received by:** \_\_\_\_\_ Date \_\_\_\_\_

Date Enrolled: \_\_\_\_\_ School year: \_\_\_\_\_