

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 \$50.00 received by: _____ **Date** _____

Date Enrolled: _____ **School year:** _____