



## CREEKSTONE Kids Club Enrollment

2026-2027 School Year

### Student Information

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M F

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Parent/Guardian Information

Parent/Guardian #1: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact (Other Than Parent)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

### Authorized Pick-Up Individuals

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

Persons NOT authorized to pick up my child: \_\_\_\_\_

## Permissions

- My child may be transported by school-approved vehicles for emergency relocation.
- Staff may apply parent-provided sunscreen to my child.
- Staff may apply parent-provided insect repellent to my child.
- My child may receive program-provided snacks.
- My child may participate in food-related activities and celebrations (unless restricted by allergies or dietary needs).
- Staff may assist my child with basic first aid, including cleaning minor cuts, applying bandages, and providing ice packs.
- My child may participate in nature exploration activities and outdoor learning experiences.
- My child's photograph may be used in classroom displays and bulletin boards.
- My child's photograph may be used on Creekstone Montessori's website.
- My child's photograph may be used on Creekstone Montessori social media platforms.
- Creekstone Montessori may communicate with me through email regarding program information.
- Creekstone Montessori may communicate with me via text message regarding program updates and emergencies.

**Parent/Guardian Signature**

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Enrollment Options**

Please select the anticipated care needed for your child. Circle specific days on the monthly calendar.

**After School Care (2:00 PM–5:30 PM)**

Monday  Tuesday  Wednesday  Thursday  Friday

**Drop-In Care**

As Needed

**Full Day Care on School Breaks/Non-School Days (7:30 AM-5:30 PM on Select non-school days)**

Interested in Future Registration Opportunities

**Tuition Rates & Billing Information****After School Care**

- 5-Day Schedule: \$15.00 per day
- 3-Day Schedule: \$18.00 per day

**Drop-In Care**

- \$20.00 per day

**Non-School Day Care**

- \$40.00 per day

**Late Pick-Up Fee**

- \$2.00 per child per minute after 5:30 PM

**Billing Information**

Responsible Party for Payment: \_\_\_\_\_

Billing Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

Preferred Payment Method:

- ACH/Bank Draft (Automatically billed monthly- Please complete ACH form)
- Check (Due with schedule on the 20th of each month)

**Emergency Medical Authorization**

In the event of an illness, injury, or emergency, I authorize Creekstone Montessori staff to seek emergency medical treatment for my child if I cannot be reached.

I understand staff will make reasonable efforts to contact parents/guardians and emergency contacts prior to obtaining emergency medical care whenever possible.

Child's Physician: \_\_\_\_\_

Physician Phone Number: \_\_\_\_\_

Preferred Clinic/Hospital: \_\_\_\_\_

Health Insurance Provider (Optional): \_\_\_\_\_

Policy Number (Optional): \_\_\_\_\_

Emergency Medical Authorization:

- YES, I authorize emergency medical treatment.
- NO (Please contact me immediately. Additional documentation may be required.)

Parent/Guardian Initials: \_\_\_\_\_

**Health & Allergy Information**

Please check any that apply:

- Food Allergy
- Medication Allergy
- Environmental Allergy
- Asthma
- Diabetes
- Seizure Disorder
- ADHD/ADD
- Behavioral Support Needs
- IEP/504 Plan
- Other: \_\_\_\_\_

If checked above, please explain:

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Does your child carry or require:

- EpiPen
- Inhaler
- Medication During Program Hours
- None

Additional instructions for staff: \_\_\_\_\_

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**Program Policies**

Please initial each statement:

- \_\_\_\_\_ I understand enrollment is completed on a monthly basis.
- \_\_\_\_\_ I understand monthly registration forms are due by the 20th of each month.
- \_\_\_\_\_ I understand tuition and fees are my responsibility and must be paid according to program policies.
- \_\_\_\_\_ I understand children may only be released to authorized individuals listed on this enrollment form.
- \_\_\_\_\_ I understand late pick-up fees apply after program closing time.

\_\_\_\_\_ I agree to provide updated medical, emergency, and contact information as changes occur.

\_\_\_\_\_ I understand Creekstone Montessori reserves the right to suspend or discontinue services when safety, behavior, or policy concerns cannot be adequately addressed.

**Parent/Guardian Signature**

I certify that the information provided is accurate and complete. I understand and agree to the policies and procedures of the Creekstone Montessori Kids Care.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_