



Registration Form

2024/2025

PART 1 CHILD INFO

Last Name _____ First Name _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____

Date of Birth _____ Age _____
Allergies/Medical Conditions YES NO
If yes, what are they _____

PART 2 FAMILY INFO

Mother:

Last Name _____ First Name _____
Address _____
City _____ State _____ Zip Code _____
Cell Phone _____ Work Phone _____
Email _____

Father:

Last Name _____ First Name _____
Address _____
City _____ State _____ Zip Code _____
Cell Phone _____ Work Phone _____
Email _____

PART 3 PROGRAM Please check the program you need.

- FULL-DAY PRESCHOOL/DAYCARE** (6:45 a—5:30 p) 5 Days—\$260/wk 4 Days—\$229/wk 3 Days—\$185/wk
Ages 3 and 4 (Must be 3 or 4 by September 1, 2024) Circle Days Needed: M T W Th F

Please estimate your child's: Arrival Time _____; Departure Time _____

- KINDERGARTEN HALF-DAY PROGRAM** (AM or PM, includes before and after school if needed 5 Days/wk—\$210/wk)

Additional fee: Day off school—\$10.00

Please estimate your child's: Arrival Time _____; Departure Time _____

Will your child return after school? YES NO

- SCHOOL-AGED PROGRAM** (6:45 a—8:15 A; 4:00 p—5:30 p 5 Days/wk)

Additional fees: Day off school—\$15.00; Early Dismissal—\$10.00; Delayed School Start— \$5.00

Please check which program you need: Before Only—\$92/wk After Only—\$92/wk Before & After—\$128/wk

Please estimate your child's: Arrival Time _____; Departure Time _____

- HALF-DAY PRESCHOOL PROGRAM** Please check the appropriate program for your child.

Tue/Thu Mornings (9:00 a—11:30 a or 12:30—3 p) \$140/mo Must be 3 by September 1, 2024

Mon/Wed/Fri Mornings (9:00 a—11:30 a or 12:30—3 p) \$195/mo Must be 4 by September 1, 2024

PART 4 REGISTRATION FEE

- Current Student or Sibling of Current Student—\$50.00 NON-REFUNDABLE Yearly Registration Fee CHECK # _____

- New Student—\$150.00 NON-REFUNDABLE Yearly Registration Fee (\$100 will be credited to your May 2024 tuition) CHECK # _____

If enrolling more than 1 child, you should pay the \$150 only one time. For other children pay \$50.

PART 5 ADMINISTRATION

How did you hear about us? Online Church Friend If it was a friend, who was it? _____

Please bring the registration form and check to Creative Moments. **Write checks to New Ridge Fellowship/Creative Moments.**

ALL CHILDREN MUST BE FULLY POTTY-TRAINED TO ATTEND CREATIVE MOMENTS