



**Where Learning
is always FUN!**

Application & Medical Form

Creative Learning Application

Today's date _____ Child's age _____ Start Date _____

Child's full name _____ Sex female male

Birth date _____

Child resides with: father mother step-father step-mother grandparent other

Parents' names _____

Address _____

Home Phone(s) _____ Work phone(s) _____

Cell phone _____ E-Mail _____

Three emergency contact names & phone numbers

1) _____

2) _____

3) _____

Permission to treat child medically in case of an emergency: Yes No

(Signature required) _____

Please list the schedule in which you are registering

How did you hear about us? _____

Registration fee is \$100 and can be paid in up to five weekly payments.

Please return form along with the registration fee.



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Application & Medical Form

Medical Form

Today's date _____ Child's age _____

Child's full name _____

Emergency contact in case of medical emergency _____

Pediatrician's name and phone number _____

Please list any medical problems your child has had since birth _____

Please list any medications your child has taken over the last year _____

Present medications _____

Please list any allergies that your child has _____

Permission to treat child medically in case of an emergency: ___ Yes ___ No

(Signature Required) _____

****Immunization records MUST accompany this form in order for your child to begin the Creative Learning Program.****

The application is the property of Creative Learning©2009. All Rights Reserved.
Creative Learning is located at 3673 Maybank Highway, Johns Island, S.C. 29455.

We respect your privacy and do not share personal information outside of our organization. Thank you for your interest, and we look forward to serving you and your child. If you have any questions, please contact us. Thank you.