



CREEKSIDE CHILDREN'S PLACE

TODDLER REGISTRATION FORM

Child's Name _____ Sex _____ Birth date _____

Home Address _____

City _____, MN Zip _____ Phone - Home (____) _____

Mother's Name _____ Phone - Cell (____) _____

Employed by _____ Phone - Work (____) _____

Father's Name _____ Phone - Cell (____) _____

Employed By _____ Phone - Work (____) _____

Email Address (used for correspondence during the school year): _____

SESSION	Hours	Monthly Tuition	Mon	Tue	Wed	Thur	(Circle Two Days)	
Two Day Program	9:00 - 12:00*	\$250.00						
One Day Program	9:00 - 12:00*	\$130.00					(Circle One Day)	
* Optional Lunch	12:00- 1:00	\$8.00 per day ~ Sign up daily at drop off						

If parents cannot be reached, the following **TWO** people may be contacted in case of emergency or illness.

Name	Address	Phone
1. _____	_____	(____) _____
2. _____	_____	(____) _____

The school staff members have my permission to admit my child to a medical facility for emergency treatment or give the necessary first aid if I cannot be reached.

Parent Signature: _____

Child's Doctor/ Dentist	Address	Phone
Doctor: _____	_____	(____) _____
Dentist: _____	_____	(____) _____

One \$60 registration fee is due per family. This fee is not refundable unless waitlisted. **In addition, one month's tuition (applied to Sept tuition) is due with each child's application at the time of registration.** Students are not considered registered without the payment of **both fees**. Tuition fee will be refunded if withdrawn (in writing) by Feb 8, 2010.

Please return by Jan. 22, 2010 to Creekside Office or:
Turn in early for best chance of requested days!

Kathy Shideman
7405 Coventry Way
Edina, MN 55439

Office Use Only: Pre-conference Date: _____
TID: _____ PD: _____