



2024-2025 Application

Child's First & Last Name _____	Name to use & write at school _____	Gender _____	Birthdate ____/____/____
Child's First & Last Name _____	Name to use & write at school _____	Gender _____	Birthdate ____/____/____
Child's First & Last Name _____	Name to use & write at school _____	Gender _____	Birthdate ____/____/____

Parent 1 Name: _____ Email: _____

Cell Phone: _____ Employer: _____ Alt Phone: _____

Home Address: _____ City: _____ Zip: _____

Parent 2 Name: _____ Email: _____

Cell Phone: _____ Employer: _____ Alt Phone: _____

Home Address (if different): _____ City: _____ Zip: _____

Emergency Contacts (two are required) if parents cannot be reached in the case of an emergency or illness:

1. Name: _____ Phone: _____ Alt Phone: _____

Address: _____ City/Zip: _____

2. Name: _____ Phone: _____ Alt Phone: _____

Address: _____ City/Zip: _____

Medical Information:

Doctor: _____ Phone: _____

Address: _____ City/Zip: _____

Dentist: _____ Phone: _____

Address: _____ City/Zip: _____

* The staff members have my **permission to admit my child(ren) to a medical facility** for emergency treatment or give the necessary first aid if I cannot be reached. ___ Yes ___ No

* Please list any **allergies or known medical conditions** that may require attention or medication while at Creekside (Epi-Pen, inhaler, etc). Include any **allergies to medications**. Medical forms must be filled out before the first day of school.

* Any other **dietary restrictions**? ___ Yes ___ No *If yes, please explain: _____

* Can we take **photos** of your child(ren) to be used in classroom displays, projects, Bublup (the app we use to share photos with current Creekside families), or used on the school website, social media, etc.? ___ Yes ___ No ** If no, list any you would like to opt out of: _____

* Can we include your names, addresses, email addresses, and cell phone numbers in a **school directory** to be distributed to Creekside families? ___ Yes ___ No **If no, what would you like omitted? _____

Class Selection '24-'25

Toddlers

Toddler monthly tuition includes 9am-12pm
An additional lunch hour, 12pm-1pm, is available for \$12. Sign up daily in the classroom.

Minnows: 18 to 33 months by Sept 1

_____ 2 Days - \$428 _____ 3 Days - \$628

Preferred Days: _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri

Are your day preferences flexible? _____ Yes _____ No Any days that will NOT work? _____

Preschool

Preschool monthly tuition includes 9am-1pm. Extended Care is available 8:30am-9am & 1pm-3pm for \$12/hr. Sign up daily outside the classroom. If you have 2 or more preschool-age children, the youngest will receive a 10% discount on all tuition.

Turtles: Turning 3 years old between Sept 1 and Dec 1

_____ 2 Days: Tu/Th - \$428 _____ 3 Days: M/W/F - \$562 _____ 5 Days - \$770

Frogs: 3 years old by Sept 1

_____ 3 Days - \$562 _____ 4 Days - \$680 _____ 5 Days - \$770

Preferred Days: _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri

Are your day preferences flexible? _____ Yes _____ No Any days that will NOT work? _____

Butterflies: 4 years old by Sept 1

_____ 3 Days - \$577 _____ 4 Days - \$695 _____ 5 Days - \$785

Preferred Days: _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri

Are your day preferences flexible? _____ Yes _____ No Any days that will NOT work? _____

* Any notes you would like us to consider when placing your child(ren)? _____

A \$75 registration fee is due for each family plus one month of tuition (applied to Sept '24 tuition) for each child. The registration fee and deposit will be withdrawn via our ACH program (pg 3) by 1/19/24 or upon admittance to Creekside.

Note that payment withdrawals will be listed as MORGAN STANLEY, not Creekside.

Refunds:

- The \$75 family registration fee is non-refundable unless waitlisted.
- The one-month tuition will be refunded if withdrawn (in writing/email) by Jan 21, 2024. After Jan 21st, partial refunds (75% by March 1, 50% by May 3, 25% by July 8) will be given only if the space is filled.

By signing below, I acknowledge that I have understood this 3-page application and filled it out thoroughly and accurately. If enrolled, I agree to pay all required fees through Creekside's ACH program (pg 3) and give at least a 30-day notice of withdrawal once the school year starts. Existing '23-'24 families do not need to fill out page 3 unless switching accounts.

Parent Signature _____ Date _____

Office Use Only: TID _____ ACH: _____ C: _____

Creekside Children's Place ~ 5730 Grove Street ~ Edina, MN 55436

Ph: 952.926.1410 ~ Fax: 952.926.0045 ~ www.creeksidechildrensplace.com ~ dd.mathews@me.com

For Internal Use Only		
Branch No.	Account No.	FA/PWA No.
_____	_____	_____

Subject to the terms of this form, the Terms, and Morgan Stanley's internal policies and procedures, I hereby authorize Morgan Stanley to initiate deposits and/or withdrawals to/from my Morgan Stanley Account(s) and Outside Bank Account or Third-Party Account indicated previously at the depository institution named above and to deposit and/or withdraw to and from such accounts for various amounts at varying times by making On Demand Transfers. I understand that I may only revoke, rescind or return a Transfer as provided in the Terms.

I acknowledge that Morgan Stanley will not be liable for any loss, liability, cost nor expense arising out of my instructions, if Morgan Stanley employs reasonable procedures to prevent unauthorized transactions.

Should an incorrect amount be withdrawn from or deposited to my Outside Bank Account(s), or Third-Party Accounts, or my Morgan Stanley Account(s), I authorize Morgan Stanley to correct the error by debiting/crediting my Outside Bank Account(s), my Morgan Stanley Account(s) or Third-Party Accounts. Should a debit to an Outside Bank Account or Third-Party Account not be possible for any reason (e.g., nonsufficient funds), I agree to promptly pay Morgan Stanley any amounts that I owe in my Morgan Stanley Account(s).

This authorization is to remain in full force and effect until Morgan Stanley has received written notification from me of its termination in such time and in such manner as to afford Morgan Stanley and my depository institution a reasonable opportunity to act on it. Any modifications to this authorization (e.g., addition of certain outside banks) must be made using this Form.

Danielle Mathews
MORGAN STANLEY ACCOUNT HOLDER NAME (PLEASE PRINT)

MORGAN STANLEY ACCOUNT HOLDER SIGNATURE DATE

MORGAN STANLEY JOINT ACCOUNT HOLDER NAME (OPTIONAL-PLEASE PRINT)

MORGAN STANLEY JOINT ACCOUNT HOLDER SIGNATURE (OPTIONAL) DATE

★ _____
THIRD-PARTY ACCOUNT HOLDER NAME (IF APPLICABLE-PLEASE PRINT)

★ _____
THIRD-PARTY ACCOUNT HOLDER SIGNATURE (IF APPLICABLE) DATE

4. Voided Check Samples

Please attach a voided or cancelled check from the external account

(If a voided check is not available, please provide a copy of your outside financial institutions bank/savings statement.
For Third-Party Accounts authorized to make transfers into your Morgan Stanley Account, a voided check is required.)

★ Please fill out the 3 starred items only. Thanks!