



CREATIVE DISCOVERIES PRESCHOOL

3735 Liberty Rd. S, Salem, Oregon 97302 (503) 362-3938
www.creativediscoveriespreschool.com

REGISTRATION CONTRACT

Child's Name _____ Goes By _____

Birth Date _____ Gender _____ School Year 2009-2010

Address _____ E-Mail _____

City, Zip _____ Home Phone _____

Father's Name _____ Business or Cell Ph. _____

Mother's Name _____ Business or Cell Ph. _____

Emergency Name & Phone _____

Child's Doctor & Phone _____

Child's Siblings & Ages _____

How did you hear about our school? _____

Child's T-Shirt Size*: Circle size to order 12 M 2T 3T 4T

*One T-shirt is included with first registration. Additional shirts may be purchased: Child/Adult \$10

Enrollment Options

Check Choice	Child's Age On Sept 1st	Program	# of days/week	Days/Time
<input type="checkbox"/>	18-24 months	Toddler Time	1 day/week (Oct-May)	Monday 9:00 - 11:00am
<input type="checkbox"/>	24-36 months	Toddler Time	1 day/week (Oct-May)	Tuesday or Wednesday (circle one) 9:00 - 11:00am
<input type="checkbox"/>	18-36 months	Toddler Time	1 day/week (Oct-May)	Thursday 9:00 - 11:00am

Please deliver or mail this completed registration contract with registration fee to Creative Discoveries Preschool. Upon receipt, CDP will review your request:

- A. Your child **will be enrolled** if CDP **can** accommodate an Enrollment Option you have selected. -Or-
- B. Your Registration Fee will be refunded if CDP **cannot** accommodate an Enrollment Option you have selected. You may request to be placed on a waiting list. When your selection becomes available, you will need to re-submit your registration fee to complete enrollment.

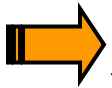
Please see reverse side for important additional information. 

Toddler Time Program: (18-36 months old)

As a participant in Creative Discoveries Toddler Time, I agree to each of the following. Please initial:

1. _____ Pay \$175 tuition each semester. A \$50 deposit (applicable toward tuition) is required with registration contract. Deposit is non-refundable if my child is accepted for enrollment. Balance is due on or before my 1st scheduled session.
2. _____ A \$10 late fee will be charged for tuition paid after the 1st class session each semester.
3. _____ Stay and participate with my toddler during each session.
4. _____ Keep my child home if he/she shows signs of a communicable illness including: Undiagnosed rash, fever, diarrhea, and mucous discharge that is anything but clear, barking or productive cough, vomiting, skin or eye lesions or rashes that are severe, weeping or pus-filled, including chickenpox and pink-eye.
5. _____ Turn in a completed Certificate of Immunization Form before first session.
6. _____ Refunds and make-up classes are not offered for absences, school closures and/or inclement weather.

SIGN BELOW



 PARENT SIGNATURE



 DATE

AMOUNT DUE (with registration contract):
 \$50.00 Toddler Time Deposit

By First day of class:

Tuition - \$ _____

TOTAL DUE - \$ _____

[OFFICE USE]

Amount received	<u>NOTES</u>
\$ _____	
\$ _____	
\$ _____	
\$ _____	
\$ _____	

Class Calendar

Fall Session: September 28th-January 27th

No School November 11th for Veterans Day

No School November 23-25 for Thanksgiving Break

No School December 21-23 and 28-30 for Winter Break

No School January 18th for Martin Luther King Day

Spring Session: February 1st-May 19th

No School February 15th for President's Day

No School March 22, 23, 24 for Spring Break