



Pre-Enrollment Registration

Child's Name: \_\_\_\_\_ Date of Birth / / \_\_\_\_\_

**Parent/Guardian Information:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Below is your preferred days and hours:**

**Toddler Classroom: Days:** \_\_\_\_\_ **Hours:** \_\_\_\_\_

**Multiage Classroom: Days:** \_\_\_\_\_ **Hours:** \_\_\_\_\_

**Kinder Classroom Days:** \_\_\_\_\_ **Hours:** \_\_\_\_\_

**Official Start Date:** \_\_\_\_\_

**Registration Fee: \$250 per child Non-refundable**

*Non-refundable registration fee is due along with this form to be considered for enrollment. By filling out this form you are not guaranteed a space for your child until you have received an official offer letter and enrollment contract. If you wish to hold your child's space and start later you will need to pay an additional \$300 per month of holding a space.*

*We are licensed by California Community Care Licensing. CCCL is granted permission to conduct visits and interview the above enrolled children according to law.*

Please enclose a check for the appropriate amount and return it to:

Amazing Creations Preschool 1025 The Dalles Ave. Sunnyvale, Ca 94087

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_