



**Creative Minds Child Development Center**  
 4977 Dent Avenue, San Jose, CA 95118 • (408) 445-0101

## Admission Application

Date \_\_\_\_\_

### Student Information

First Name	Middle	Last Name	Nickname
Home Address: Street		City, State	ZIP
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Home Phone	Social Security Number
Current or Most Recent School	School Address		

### Parent Information

#### Mother's Information

Mother's First Name	Middle	Last Name	Social Security Number
Home Address: Street (if different from applicant)		City, State	ZIP
Home Phone	Cell Phone/Pager	Work Phone	Email
Employer Name	Occupation, Position	Work Address	

#### Father's Information

Father's First Name	Middle	Last Name	Social Security Number
Home Address: Street (if different from applicant)		City, State	ZIP
Home Phone	Cell Phone/Pager	Work Phone	Email
Employer Name	Occupation, Position	Work Address	

### Family Information

Applicant lives with: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (please explain):			
Who is/are the applicant's legal guardian(s)?		Who is the person responsible for all tuition and fees?	
Applicant's Siblings' Name(s):	Age(s):	Current Grade(s):	Current School(s):

### Additional Information

How did you hear about Creative Minds CDC?	Whom may we thank for referring you?	
Applicant's current school name	Grade/class/program at current school	
School Street Address	City, State	ZIP
Applicant's previous school name(s)		
Are there any medical or other conditions that we need to be aware of? Please include any food allergies.		
What else should we know about the applicant, or his or her family? (e.g. art, music, sports, hobbies, second languages, special interests, etc.)		

### Enrollment Information

Program Length <input type="checkbox"/> Full Day <input type="checkbox"/> Part Day	Number of days per week <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3	Which days? <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	Potty trained? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress
Program Selection: <input type="checkbox"/> Infant/toddler (2-24 months) <input type="checkbox"/> Toddler Option (24-36 months)** <input type="checkbox"/> Preschool <input type="checkbox"/> Extended Care <input type="checkbox"/> Summer Camp			
** If you want to enroll your child in the Toddler Option, please indicate here and sign next to it: <input type="checkbox"/> Yes <input type="checkbox"/> No   Signature: _____			
I have read, understand and agree to abide by Creative Minds CDC policies. I agree to pay tuition and fees, as well as all emergency medical, dental, and emergency evacuation costs for my child.			
Signature of parent/guardian			Date
Signature of person responsible for payment and debt			Date

Please enclose the \$75 non-refundable enrollment fee.

*Office use only:*

Received by \_\_\_\_\_ of Creative Minds CDC. Dated: \_\_\_\_\_