



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	Best Phone Number to Call	Social Security Number <i>(optional)</i>

Parent/Guardian Information

1st Parent/Guardian's Information			
First Name	Last Name	Relationship to Child	Social Security Number <i>(optional)</i>
Home Address: Street (if different from child)		City, State	ZIP
Cell Phone/Pager	Home Phone/Landline	Email	
Employer Name	Occupation, Position	Work Phone	Work City or Address
2nd Parent/Guardian's Information			
First Name	Last Name	Relationship to Child	Social Security Number <i>(optional)</i>
Home Address: Street (if different from child)		City, State	ZIP
Cell Phone/Pager	Home Phone/Landline	Email	
Employer Name	Occupation, Position	Work Phone	Work City or Address

Family Information

Applicant lives with:			
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 or most recent school name	Grade/class/program at current school	
School Street Address	City, State	ZIP
Applicant's previous school name(s)		
<p>What is your child's home language experience? <i>We do not discriminate on the basis of language or ethnicity. This information just helps us provide the best care for your child.</i></p> <input type="checkbox"/> English only <input type="checkbox"/> English and another language equally (Which language? _____) <input type="checkbox"/> Primarily another language, but understands English (Which language? _____) <input type="checkbox"/> Little to no English experience before this		
Does your child have any food allergies or other dietary restrictions? (<i>e.g. peanut allergy, lactose intolerant, vegetarian, kosher, etc.</i>)		
<p>Are there any special needs or medical conditions that we need to be aware of? (<i>e.g. speech delays, previous surgeries, seizures, Autism, etc.</i>) <i>We do not discriminate on the basis of medical condition or disability. This info just helps us provide the best care for your child.</i></p>		
What else should we know about your child or family? (<i>e.g. art, music, sports, hobbies, second languages, special interests, etc.</i>)		

Enrollment Information

Program Length <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Number of days per week <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3	Which days are you requesting? <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Flexible	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/2s (2-3 years) <input type="checkbox"/> Preschool (3-5 years) <input type="checkbox"/> Kindergarten before/after school <input type="checkbox"/> Summer			
Preferred Start Date: (<i>subject to change based on availability</i>) <input type="checkbox"/> As Soon As Possible <input type="checkbox"/> Specific Date: _____ <input type="checkbox"/> Month: _____ <input type="checkbox"/> Flexible/undecided			
<i>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.</i>			
Signature of parent/guardian			Date
Signature of person responsible for payment and debt			Date

Please enclose the \$200 non-refundable registration fee, and \$250 annual supply fee.

To hold a space, please also include a non-refundable deposit of the first month's tuition. (This deposit will be credited toward your first month.)

Please see the Waiting List Policy on this year's Tuition Schedule for more details.

Make check or money order payable to *Creative Minds CDC*; or Zelle to 4084450101

Office use only:

Received by _____ of Creative Minds CDC. Dated: _____