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 ☐ Male ☐ Female	Date of Birth	Best Phone Number to Call	Social Security Number *(optional)*

Parent/Guardian Information

1st Parent/Guardian's Information

First Name	Last Name	Relationship to Child	Social Security Number *(optional)*
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 *(optional)*
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)

What is your child's home language experience?
We do not discriminate on the basis of language or ethnicity. This information just helps us provide the best care for your child.
☐ English only
☐ English and another language equally (Which language? _____)
☐ Primarily another language, but understands English (Which language? _____)
☐ Little to no English experience before this

Does your child have any food allergies or other dietary restrictions? *(e.g. peanut allergy, lactose intolerant, vegetarian, kosher, etc.)*

Are there any special needs or medical conditions that we need to be aware of? *(e.g. speech delays, previous surgeries, seizures, Autism, etc.)*
We do not discriminate on the basis of medical condition or disability. This info just helps us provide the best care for your child.

What else should we know about your child or family? *(e.g. art, music, sports, hobbies, second languages, special interests, etc.)*

Enrollment Information

Program Length	Number of days per week	Which days are you requesting?	Potty trained?
☐ Half Day ☐ Full Day	☐ 5 ☐ 4 ☐ 3	❑ M ❑ Tu ❑ W ❑ Th ❑ F ❑ Flexible	❑ Yes ❑ No ❑ In progress

Program Selection:
☐ Infant/toddler (2-24 months) ☐ Toddler/2s (2-3 years) ☐ Preschool (3-5 years) ☐ Kindergarten before/after school ☐ Summer

Preferred Start Date: *(subject to change based on availability)*
☐ As Soon As Possible ☐ Specific Date: ☐ Month: ☐ Flexible/undecided

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 $200 non-refundable registration fee, and the $285 non-refundable annual supply fee.

To confirm a slot for your child, please also include a non-refundable deposit of the one month's tuition. This deposit will be credited toward your last month's tuition.
Please see the Waiting List Policy 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: _____

Waiting List

We always welcome siblings, cousins, friends and other referrals! We do not always have immediate openings, however, so please plan ahead and notify us as soon as possible if you intend to enroll a younger sibling in our program. This is especially important for infants, where we have fewer total slots available. It's common to reserve an infant slot before the child is born.

To confirm a spot for your child within 30 days or less, we require $200 non-refundable registration fee, a $285 non- refundable annual supply fee, and a non-refundable deposit of one month's tuition with the application form. The one month tuition deposit paid at the time of enrollment will be applied towards last month's tuition.

To hold a confirmed spot for your child more than 30 days in advance, we require $200 non-refundable registration fee, and a non-refundable deposit of half of one month's tuition with the application form. Within 30 days from the start date, to confirm the spot, we require you to bring up the deposit to one full month's tuition and deposit a non-refundable $285 annual supply fee. The one month tuition deposit paid at the time of enrollment will be applied towards last month's tuition.
If you are not sure of your family's plans, or if there are not any available spots to reserve, you can get on our "waiting list" without any fees or deposits. Please understand that being on the waiting list does not guarantee a space. It simply means we will contact you if a space becomes available. Due to many requests we get, we also have a "priority waiting list" option that requires a non-refundable deposit of $200 registration fee, where we get the registration paperwork done, and you get a priority on spots that may open up.

We do our very best to honor the start date you request, but we reserve the right to adjust your child's start date if needed based on unforeseen circumstances.

Modification Conditions

If you need to adjust your child's start date after reserving a space, we can usually accommodate changes of up to two weeks before or after the planned date. Changes beyond that will depend on space available and may require an additional deposit.

Any and all changes or modifications must be approved by the Director in writing. There may be charges for modifications, depending on the disruptions these result in.