



APPLICATION FOR ADMISSION

This application is for admission to Spring Creek School. This form will be processed after you tour our facility. Enclose your \$100.00 check payable to Spring Creek School, with your completed application for admission.

This application is for your child at Spring Creek School. Please indicate the days you require, we will accommodate each application to the best of our ability. When your days are finalized, other additional days or drop in days are billed in additions to your scheduled days-trading days is not possible. Please arrange additional days with the office. (See policies for more clarification.)

In order to secure placement for your child, a non-refundable registration fee must accompany this registration form. If classes are full when your application is received, you will be notified within 10 days. If there are no vacancies for your child the registration fee will be returned. There is a \$15 annual accident insurance charge per child.

Date of Application _____

Please Print

Student's Last Name _____ First _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Birthdate _____ Present Age ____ Sex _____

Name _____ Living With Child? Yes No

Mother Stepmother Guardian

Home Address _____ Divorced? Yes No

Employer _____

Address of Employer _____ Work Phone (____) _____

Mobile Phone (____) _____ Email Address _____

Name _____ Living With Child? Yes No

Father Stepfather Guardian

Home Address _____ Divorced? Yes No

Employer _____

Address of Employer _____ Work Phone (____) _____

Mobile Phone (____) _____ Email Address _____

The US Department of Agriculture (USDA) prohibits discrimination in its programs and activities on the basis of race, color, national origin, sex, age or disability. Spring Creek School participates in the CACFP food program.

Your child will not be able to participate in the center's programs until the full emergency file is completed and turned into the office. Email addresses are used for parent/school communication. We use CISS to look up children's immunization records.

Program Desired: (circle) School Age Kindergarten Prekindergarten Preschool Blossoms Sprout 2 Sprout 1 (walking independently)

Start Date _____ Estimated Arrival Time _____ Estimated Departure Time _____

Which days do you desire? Monday Tuesday Wednesday Thursday Friday

Any allergies or dietary concerns we should be aware of? No _____ Yes _____, please list:

Spring Creek School 1900 Remington Fort Collins, Colorado 80525 970.224.4240 fax 970.224.2969

Visit us at www.springcreekschool.com or join us on Facebook Spring Creek School

Thank you for going one way in the parking lot... the flow: enter on the south, exit on the north!

Language spoken at home, other than English _____

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