



Application for Enrollment

Please mail your completed application to:
250 Mt. Lebanon Boulevard
Suite 425
Pittsburgh, PA 15234

****1. Parent/Guardian Information***

Mother/Guardian's Name: _____

Address: _____

Occupation: _____

Employer: _____

Home Phone: _____ Alternative Phone: _____

Father/Guardian's Name: _____

Address: _____

Occupation: _____

Employer: _____

Home Phone: _____ Alternative Phone: _____

***2. Child's Information**

Name of Child: _____
First Last MI

Sex: M F Birth date: _____ Birthplace: _____

Address: _____

Telephone: _____ Emergency Telephone: _____

Please describe your child's living arrangements:

What are your child's strengths? _____

What characteristics would you like to see strengthened?

List siblings names and dates of birth:

Please check the box and give approximate dates for any **illness** your child has had:

- Chicken Pox _____
 Measles _____
 Asthma _____
 Mumps _____
 Whooping Cough _____
 Scarlet Fever _____
 Pneumonia _____
 Diabetes _____
 Epilepsy Poliomyelitis _____
 Other _____

Upon enrollment parent/guardian shall provide current health assessment and immunization records within 30 days.

If your child has ever been hospitalized, please give dates and causes:

Please list any medications your child is currently taking:

Date of child’s last physical from pediatrician: _____

Please list any allergies: _____

Does your child have any difficulty with vision, hearing, walking, speech, modality of speech (PECS, sign language, verbal communication) or assistance technology?

Please list any special considerations:

Does your child have any special needs or fears?

***3. Creative Minds Learning Center, LLC Information:**

Please check one of the following program options:

- Infant
- Toddler
- Full Day Preschool
- Morning Preschool
- Afternoon Preschool

Please give expected hours your child will be at the center. This information helps plan for adequate staffing and must remain consistent. Scheduled times must be 10 hours or under for full-time care and 5 hours or under for part-time care. Please provide a director with 2 weeks notice of any permanent changes to this schedule.

(Creative Minds is open Monday – Friday 6 A.M. to 6:30 P.M.)

Example: Monday, Wednesday and Friday 7:30 to 5:00pm

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Anticipated Start Date: _____

Why have you brought your child to this center?

How did you hear about us?

I, _____ have read and completed this application for enrollment at Creative Minds Learning Center, LLC.

Parent/Guardian Signature

Date

Please Print Name