



2515 SW 185th Ave.
 Beaverton, OR 97006
 Phone: (503) 591-0604
 Website:
 www.creativechildrenscenter.com

FOR OFFICE USE ONLY:	
Date Received: _____	Fee Paid: \$ _____
Class Placement: _____	
_____	Parent Responsibilities/Registration
_____	Information Authorization Form
_____	Immunization Record on File
_____	Child Profile
_____	Parent Profile
_____	Support Job Form
_____	Parent Responsibilities

2008-2009 Registration Form

Student Information:

Last Name	First Name	MI	Date of Birth	Gender
Last Name	First Name	MI	Date of Birth	Gender
Address	City	Zip Code	(____) Home Phone	

Class Requesting:

First Choice	Second Choice	Third Choice
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Parent Help Status: (circle one) PARENT HELP / 1 DAY PARENT HELP / NON-PARENT HELP

Name	Age

Parent or Guardian Information:

Siblings:

Father's Name	Occupation	Work Phone Number
Email address	Cell Phone Number	
Mother's Name	Occupation	Work Phone Number
Email address	Cell Phone Number	

Emergency Contact Information:

Name	Relationship to Child	Home Phone Number
Address	Work/Cell Phone Number	

How did you initially hear about CCC? _____

Do you have any suggestions for classes or questions? _____

I have read the registration information and understand CCC's policies and my member responsibilities.

Parent's Signature: _____ **Date:** _____

Thank you for your registration, we look forward to working together.