



2515 SW 185<sup>th</sup> 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

## 2009-2010 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
First Choice	Second Choice	Third Choice

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.*