

CreArt Early Education & Preschool  
Prospective Family Information Form



Dear family, we are honored that you are considering CreArt for your child. Please complete this form and send it back to us via email at [creartpreschool@gmail.com](mailto:creartpreschool@gmail.com).  
This form is not an application and is no guarantee of admittance.

**Desired Program:**  Infant  Preschool

Child's Name: \_\_\_\_\_  
Gender given at birth: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is this your child's first school experience?  Yes  No

Is your child toilet trained?  Yes  No

**1. Parent/Guardian Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Best Contact Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**2. Parent/Guardian Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Best Contact Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Desired Program Schedule:**

**Days per week:**  2 Days  3 Days  4 Days  5 Days

**Days of the week:**  Mon.  Tue.  Wed.  Thur.  Fri.``

**Session times:**  9:00 – 1:00  9:00 – 3:00  9:00 – 5:30  
 Before Care 7:30 – 9:00

**If the above request is flexible, please check the item(s) below. Flexible on:**

Days per week  Days of the week  Session times

**Desired Starting Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_