

Creative Times Academy

Pre-Enrollment Application

Child's Name: _____ Preferred name: _____

DOB: _____ Sex: Male/Female Preferred Start Date: _____

Program and Hours preferred: _____

Parent's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

How did you hear about us? _____

Remember to return this form as soon as possible to get your child on the wait list.

As soon as we have a guaranteed spot for your child, you will need to immediately pay the **\$100 Non-refundable** registration fee.

Signature: _____

Date: _____

If you have any further questions, please feel free to call us at 813-907-2700

Return to:

Creative Times Academy
26031 County Line Road
Wesley Chapel, FL 33544

