

**Creative Mansion Children's Academy**  
**4745 S. Ellis Ave.**  
**Chicago, Illinois 60615**

**Read Enrichment/Math Advance Enrollment Application**

This information requested herein will be helpful to us in planning for your child. All of this information will be held in strict confidence. It is necessary to complete the application in it's entirety. Thank you for your cooperation. A \$50.00, non-refundable application fee should accompany this application.

Current date \_\_\_\_\_

Date of anticipated enrollment: \_\_\_\_\_

**FAMILY INFORMATION**

Name of student \_\_\_\_\_ Sex \_\_\_\_\_

Birth Place \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_  
Number & Street City & State Zip Code

Home Telephone Number \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_  
Number & Street City & State Zip Code

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Business Name & Address \_\_\_\_\_  
Number & Street City & State Zip Code

Hours of work \_\_\_\_\_ Nature of work \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Address \_\_\_\_\_  
Number & Street City & State Zip Code

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Business Name & Address \_\_\_\_\_

Hours of Work \_\_\_\_\_ Nature Of Work \_\_\_\_\_

RELEASE INFORMATION

Persons to whom my child may be released:

Name \_\_\_\_\_ Address \_\_\_\_\_

Work Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Work Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Expected time of student's arrival \_\_\_\_\_ Departure \_\_\_\_\_

EMERGENCY INFORMATION

Persons to be contacted in case of emergency, other than parents: (List three)

Name \_\_\_\_\_ Address \_\_\_\_\_

Work Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Work Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Work Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Relationship to child \_\_\_\_\_

Physician to be contacted: Name \_\_\_\_\_

Address \_\_\_\_\_

Office Phone Number \_\_\_\_\_

Does your child have allergies: No \_\_\_ Yes \_\_\_ List: \_\_\_\_\_

Does your child have any physical or mental ailments: \_\_\_\_\_ No \_\_\_\_\_ Yes

Please List: \_\_\_\_\_

Creative Mansion Children's Academy has my permission to take my child from the premises to all of the field trips that are scheduled on the calendar that I have received. They also have my permission to make photographs and videotapes of my child participating in school activities to be taken and used for general publicity purposes. Should any special publicity or project be undertaken i/we expect to be notified, and given the option of participating or not. They also have permission to take my child to nearest hospital in case an emergency situation should occur that requires immediate medical attention.

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

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_