



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

2010-2011 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
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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.