

Creative Explorations
842 Roosevelt Trail
Windham, Maine 04062
207 893 9029



Enrollment Application

Child's name: _____ D.O.B: _____

Address: _____

Parent/ Guardian: _____ Parent/ Guardian: _____

Address: _____ Address: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Occupation: _____ Occupation: _____

Employer Address: _____ Employer Address: _____

Work Phone: _____ Work Phone: _____

Child is currently attending _____ school.

Ideal start date: _____

By submitting this application, I understand that Creative Explorations will review the provided information and contact me in regard to the approval of my child's acceptance. I understand it is solely the decision of Creative Explorations. All applicants are considered equally and thoroughly. Admission decisions are made in compliance with local, state, and federal nondiscrimination laws.

Parent/ Guardian Signature _____ Date: _____