ADMISSION & ENROLLMENT

Tuition is based on enrollment (a reserved space), not attendance. No deductions from tuition shall be made for absences, holidays, or family vacations. A one month notice of a schedule decrease or withdrawal of your child is required. You will be charged your regular tuition rate one month from the day the notice is given. A penalty of $300.00 will be applied if a family choses to terminate enrollment in the middle of the school year (September through June) or before the completion of the summer program. Creative Explorations will pursue necessary legal action with respect to non-payment of tuition.

Tuition Payments- Choose one of the following options:

_____Monthly: Full month's tuition is due on the first day of each month.

_____Weekly: Tuition is due on Tuesday by 10am each week.

LATE PAYMENT CHARGES

If a payment is not received on the day that it is due, a late fee of $5 will be added for each day it is late. This fee will be collected when late payment is made. If your account has not been paid in full within 5 business days, your child may not attend school until the account has been brought current.
Should any tuition payment be past due for a period of ten days and arrangements for prompt payment have not been agreed upon by the director, Creative Explorations shall have the right to terminate enrollment. Creative Explorations will pursue necessary legal action with respect to non-payment of tuition.

RETURNED CHECKS

All returned checks will result in a fee of $35.

I have read and agree to Creative Explorations payment terms.

Name_____

Signature_____ Date: _____

Program	Monday-Friday	Monday/Wednesday/Friday	Tuesday/Thursday	Extended care option
Infant	$325	$265	$215	$10 T/Th $15 M/W/F $20 5 Days
Toddler	$305	$250	$200	$10 T/Th $15 M/W/F $20 5 Days
Preschool	$295	$240	$195	$10 T/Th $15 M/W/F $20 5 Days
Early Kindergarten	$295	$240	$195	$10 T/Th $15 M/W/F $20 5 Days
B&A Enrichment	$155	$120	not available	7:00-5:00 included
School Age Summer Enrichment	$295	$240	$195	$10 T/Th $15 M/W/F $20 5 Days

TUITION

Rates are anticipated to increase each January by 3.5%-7%

EMERGENCY CONTACT FORM

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize Creative Explorations to secure transportation for my child to Maine Medical Center and secure the necessary medical treatment for him/her. I understand that the Creative Explorations staff members are trained in the basics of first aid/CPR and I authorize them to give my child first aid/CPR when appropriate.

_____
Parent/ Guardian Signature

Child's name: _____ DOB:_____
Parent/ Guardian:_____ Parent/ Guardian:_____
Phone:_____ Phone:_____
Address:_____ Address:_____
_____ _____
Employer: _____ Employer: _____
Work Phone:_____ Work Phone:_____

Child's Doctor's Name:_____ Phone:_____
Address: _____
Insurance Co._____ Policy #:_____

Child's Dentist's Name:_____ Phone:_____
Address: _____

ALLERGIES: _____

Emergency Contacts:

Name:_____ Phone 1:_____
Address:_____ Phone 2._____
Relationship to child:_____ Authorized to pick up my child Yes____No____

Name:_____ Phone 1:_____
Address:_____ Phone 2._____
Relationship to child:_____ Authorized to pick up my child Yes____No____

Name:_____ Phone 1:_____
Address:_____ Phone 2._____
Relationship to child:_____ Authorized to pick up my child Yes____No____

HEALTH RECORD AND IMMUNIZATIONS

Please provide a copy of your child's most recent health examination. Please include an up-to-date immunization record, any screening tests, and evaluations.

If your child has any health needs such as: allergies, asthma, hearing or vision impairments, feeding needs, neuromuscular conditions, seizures, diabetes, urinary infections, or other on going health concerns, please see the director for appropriate documentation.

If your child is overdue for routine health services and has a scheduled appointment coming up, please provide a note indicating the date of the appointment.

I have provided all appropriate health, development , and educational information and understand it is my responsibility to update this information as needed.

_____

Parent/ Guardian

_____ _____

Parent/ Guardian signature Date

PHOTOGRAPHIC RELEASE

We would love to share what we do during the day through photos, work samples, and brief anecdotes on our public website, Facebook, and Instagram pages. Photographs are not used for any such purpose without the express written consent of the child's parent or guardian.

Child's name:_____

_____Creative Explorations has my permission to post photos, work samples, and brief anecdotes on their public website, Facebook, and Instagram pages.

_____I do not want Creative Explorations to post any photos, work samples, or anecdotes of my child to any PUBLIC online source.

Parents/guardian name:_____

_____ _____
Sign Date

HOURS OF CARE APPLICATION

For the benefit and safety of the children in our care, Creative Explorations offers three enrollment time slots. Families requiring care from 7 AM- 5:00 PM must apply for extended care. This policy is based on child/teacher ratios as mandated by licensing and quality care guidelines set forth by the National Association for the Education of Young Children. This policy also helps control traffic flow in our classrooms and allows our educators to touch base with each family.

All families must choose a consistent schedule of 7 AM-4:15 PM, 7:30 AM-4:45 PM, or 7:45 AM-5:00 PM. This schedule must be approved by the director.

Late pick-up negatively impacts the children and staff and will be heavily fined. If you realize you are unable to complete your pick up by the end of your time slot, please contact the staff as soon as possible to alert us. A late fee of $25 will be collected shall the child be picked up past the scheduled pick up time. If the child is at Creative Explorations more than 15 minutes past scheduled pick up time, a $5 per minute is applied from then until the child is picked up. Late pick-up fees are due and collected at the time of pick up and is made payable to the staff on duty.

Your pick up must be <u>completed by</u> your scheduled pick up time.

Please choose your desired daily time slot:

_____ 7 AM- 4:15 PM
_____ 7:30 AM- 4:45 PM
_____ 7:45 AM- 5:00 PM
_____ 7 AM - 5:00 PM (additional fee)

_____
Child's name

_____ _____
Parent/ Guardian signature Date

2024/2025 CALENDAR

PARENT MEETINGS:
Creative Explorations will close one day in the fall and one day in the spring to offer families uninterrupted time to meet with their child's teacher(s). Conferences will be held between 7 AM and 4 PM, in 30-45 minute increments. Multiple conferences per time slot will be available. All parent/teacher meetings must be scheduled during these dates. There

will be no childcare available on these dates, full tuition is expected.
Wednesday, November 26, 2025 & Thursday, April 9, 2026

INSERVICE DAYS:
Creative Explorations will close for two inservice days. These days are designed for staff to work on their classrooms and curriculum.
June 18th 2026 and end of August (Date TBD)

HOLIDAYS:
Creative Explorations will be closed for the following holidays. Full tuition is expected.
Labor Day
Indigenous Peoples 'Day
Veterans Day
Thanksgiving Day
Day After Thanksgiving
Martin Luther King Jr. Day
Presidents 'Day
Memorial Day
Juneteenth

VACATIONS:
Creative Explorations will close for three vacations annually. Full tuition is expected.
December 22, 2025 through January 2, 2026
April 20, 2026 through April 24, 2026
July 3, 2025 through July 10, 2026

WEATHER:
Creative Explorations will follow the Windham School Department's (RSU 14) closing schedule in regards to snow closures for Trail campus and River campus and the Gorham School Department closing schedule in regards to snow closures for Brook campus; including late arrival and early dismissal. In the event Creative Explorations has to close early due to snow or an emergency, families will be notified via Dojo as soon as the decision has been made. You are expected to pick up your child within one hour of the RSU14 / Gorham School Department closing time. If RSU 14 or Gorham School Department is closed due to vacation, the director will make the decision to close in the case of hazardous weather conditions. This decision will be emailed to all enrolled families.

NATURE WALK PERMISSION FORM

Name of child:_____

I give Creative Explorations permission to take my child off school property to explore the premises behind Creative Explorations. I understand there are trails (both manicured and

un-manicured), natural obstacles such as fallen trees and large boulders, vernal pools, ponds, lakes and rivers.

I acknowledge that the staff has been trained in first aid and will always have a first aid kit and basic survival tools available when leaving the school property.

_____

Parent/ Guardian

_____ _____

Parent/ Guardian Signature Date

TICK & SPLINTER REMOVAL PERMISSION FORM

Name of child:_____

_____ I give permission to Creative Explorations to remove a tick from my child's body

while they are at the center. I understand it is my responsibility to do thorough tick checks daily.

_____ I deny the employees of Creative Explorations the right to remove a tick from my child. I understand I am responsible for picking up my child within one hour of being notified.

_____ I give permission to Creative Explorations to remove a splinter from my child's body while they are at the center.

_____ I deny the employees of Creative Explorations the right to remove a splinter from my child. I understand I am responsible for picking up my child should the splinter be causing pain that interferes with my child's ability tp participate in the day.

_____ _____

Parent/ Guardian Signature Date

WHAT TO PACK

Please use the list below as a guide, not all things pertain to all ages.

September -Labeled sunscreen face stick -Crib sheet & blanket (or sleep sack) appropriate for the season. -Wet bag 3-5 of the following: -short sleeved shirts -long sleeved shirts -pairs of long pants -pairs of shorts -pairs of underwear -pairs of socks -1 sweatshirt/ light jacket -rain gear for the entire body -safe & comfortable walking shoes	**October & November** -Crib sheet & blanket (or sleep sack) appropriate for the season. -Wet bag 3-5 of the following: -long sleeved shirts -pairs of long pants -pairs of underwear -pairs of socks -1 sweatshirt/ light jacket -1 heavy jacket -1 hunter orange hat -light mittens or gloves -rain gear for the entire body -safe & comfortable walking shoes	**December** -Crib sheet & blanket (or sleep sack) appropriate for the season. -Wet bag 3-5 of the following: -long sleeved shirts -pairs of long pants -pairs of underwear -pairs of socks -1 sweatshirt -1 heavy jacket -1 pair of snow pants -1 warm hat -1-2 pairs of waterproof mittens or gloves -rain gear for the entire body -safe & comfortable waterproof boots
January- March -Crib sheet & blanket (or sleep sack) appropriate for the season. -Wet bag 3-5 of the following: -long sleeved shirts -pairs of long pants -pairs of underwear -pairs of socks -1 sweatshirt -1 heavy jacket -1 pair of snow pants -1 warm hat -1-2 pairs of waterproof mittens or gloves -rain gear for the entire body -safe & comfortable waterproof boots -Bike or ski helmet	**April & May** -Labeled sunscreen face stick -Crib sheet & blanket (or sleep sack) appropriate for the season. -Wet bag 3-5 of the following: -short sleeved shirts -long sleeved shirts -pairs of long pants -pairs of shorts -pairs of underwear -pairs of socks -1 sweatshirt/ light jacket -rain gear for the entire body -safe & comfortable waterproof boots -safe & comfortable walking shoes	**June** -Labeled sunscreen face stick -Crib sheet & blanket (or sleep sack) appropriate for the season. -Wet bag 3-5 of the following: -short sleeved shirts -pairs of shorts -pairs of underwear -pairs of socks -1 sweatshirt/ light jacket -rain gear for the entire body -safe & comfortable waterproof boots -safe & comfortable walking shoes -sun hat
July- August -Labeled sunscreen face stick -Crib sheet & blanket (or sleep sack) appropriate for the season. -Wet bag 3-5 of the following: -short sleeved shirts -pairs of shorts -pairs of underwear -pairs of socks -1 light jacket -rain gear for the entire body -safe & comfortable walking shoes -bathing suit -beach towel -sun hat		

ENROLLMENT & POLICY ACKNOWLEDGEMENT AGREEMENT

I have received a copy of Creative Explorations Handbook outlining all policies and procedures.

I understand that it is my responsibility to be familiar and comply with these standards. I further understand that the policies and procedures are guidelines that can be modified by the school if necessary.

_____
Parent/Guardian Name (please print)

_____ _____
Parent/Guardian Signature Date

_____
Parent/Guardian Name (please print)

_____ _____
Parent/Guardian Signature Date

PREFERRED EMAIL(S)

_____

_____

CE COMMUNITY CONTACT LIST

We love supporting community and relationships outside of the classroom. In an effort to build community, we supply a yearly contact list for families. We will only share with written consent.

Child's name: _____
_____
_____
_____-
Parent/guardian first and last name: _____

Parent/guardian phone number: _____

Parent/guardian email address: _____
_____
_____
_____-
Parent/guardian first and last name: _____

Parent/guardian phone number: _____

Parent/guardian email address: _____
_____
_____
_____-
Parent/guardian first and last name: _____

Parent/guardian phone number: _____

Parent/guardian email address: _____
_____
_____
_____-
Parent/guardian first and last name: _____

Parent/guardian phone number: _____

Parent/guardian email address: _____

_____ Please indicated that we are a multi home family.

_____ I do not want Creative Explorations to share contact information.

FAMILY HISTORY

Parent's Marital Status: Single_____ Married_____ Divorced_____ Partners_____
Widowed_____ Other_____

Names and ages of other children in family:

1._____ Age_____Adopted_____Stepchild_____
2._____ Age_____Adopted_____Stepchild_____
3._____ Age_____Adopted_____Stepchild_____
4._____ Age_____Adopted_____Stepchild_____

Was your child adopted? Yes No

Does your child know he/she was adopted? Yes No

Comments:

In addition to English, are there other languages spoken in your home? If so, please list language(s) and state the primary language used in your home:_____

Please list celebrations or holidays observed in your home:

_____

_____

HEALTH HISTORY

Was the pregnancy full term:_____ Did you have complications before/after birth?
Please explain: _____
_____

Did your child experience any medical problems at birth? _____

Please explain: _____
_____
_____

Does your child have any known allergies? _____

Please list:_____
_____

Is your child on any medication? _____

Please list:_____
_____

TOILETING (Please fill out if your child is under 5 years of age).

Is your child toilet trained? Yes No

If no, have you begun toilet training?_____

Does your child wear diapers, pull-ups, or underwear?_____

Frequency of accidents: _____

How does your child express need for toiling?

_____

_____

What assistance, if any, will your child need to feel comfortable using the toilet at school?

_____

_____

EATING (Please fill out if your child is under 5 years of age).

Is your child currently nursing? _____
Does your child eat solids? _____
Does your child feed themselves?_____

Describe mealtime in your home:

_____

_____

What are your child's favorite foods:

_____

_____

What are your child's least favorite foods:

_____

_____

Please list any food restrictions for your child:

_____

EATING (Please fill out if your child is under 5 years of age).

Does your child typically nap at home? Yes No

Time:_____ Length:_____

Does your child use any security blankets, etc. during rest?

_____

_____

How does your child get to sleep? (i.e. nurses, special blanket, rocking, stories)

_____

_____ Does your child have any fears we should be aware of?

_____

_____

SELF HELP SKILLS (Please fill out if your child is under 5 years of age).

Does your child dress and undress themselves?_____

Does your child brush their teeth on their own?_____ Does your child self sooth?_____

If not, what can we do to help support them when they're upset?

_____

_____

HYGIENIC PERMISSION FORM

Name of child:_____

Creative Explorations believes in limiting the use of synthetic materials on the bodies of children in our care. However, we find the use of some of these materials beneficial. Please initial below to allow the staff of Creative Explorations to best care for your child.

_____ Seventh Generation, Honest Company, and/or Hello Bello wipes.

_____ Sunscreen rating 4 or less on the EWG rating scale for aerosol sunscreens.

_____ Yaya Insect Repellant.

_____ Yaya Tick Repellent.

_____ _____

Parent/ Guardian Signature Date

CHILD DEVELOPMENT INFORMATION

Please use the space below to share a little about your child.

What are some of your child's favorite activities/topic of discussion?

Describe how your child does in a group of children.

Describe your child's temperament.

Please include any further information you feel we should have to help support your child's learning and development.