

MISS LAURA'S ENROLLMENT FORM

Enrollment Date: _____
(CHECK ALL THAT APPLY BELOW)

For office use: SR _____ /SYR _____
CC Auth _____ IMM _____ KR _____

IMAGINATION STATION (T/TH)

CREATION STATION (M/W)

Summer I (2026): May 26 - June 18 _____

Summer I (2026): May 27 - June 17 _____

Summer II (2026): June 23 - July 16 _____

Summer II (2026): June 22 - July 15 _____

Summer III (2026): July 21 - Aug. 13 _____

Summer III (2026): July 20 - Aug. 12 _____

2026-27 School Year (Sept-May) _____

2026-27 School Year (Sept-May) _____

Child's Name _____
(first) (last) (preferred name, if different)

Address _____ Zip _____ Gender: ___ male ___ female

Email Address _____

Date of Birth _____ Child's age / grade as of Sept. 1, 2026 _____ / _____
(age) (elem. grade)

Siblings _____ Age _____ _____ Age _____ _____ Age _____

Father's Name _____

Father's Place of Business _____ Phone _____
Mobile _____

Mother's Name _____

Mother's Place of Business _____ Phone _____
Mobile _____

EMERGENCY RECORD AND RELEASE FORM

"I will not hold Imagination Station/Creation Station, or any staff thereof responsible of any illness or accident incurred while my child is in their care. I also agree to pay a monthly tuition while my child is enrolled, and will give a 30-day written notice before withdrawing my child from the program. I understand that if I fail to give this notice, I will pay the next month's tuition in full."

(parent/guardian signature) _____ (date) _____

Persons to be contacted if you are unable to be reached in case of an emergency.

(Name) (Phone) (Name) (Phone)

In addition to parents listed, I hereby authorize Imagination Station/Creation Station to allow my child to leave the facility ONLY with the following persons. Please list name and telephone number for each. Children will ONLY be released to a parent or a person designated below after identification verification.

Name	Phone	Name	Phone
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

MEDICAL AUTHORIZATION FORM

Child's Name _____

Date of Birth _____

Insurance Co. _____

Policy # _____

Insurance Address and Phone _____

Physician: _____
(Name) (Address) (Phone)

Hospital _____
(Name) (Address)

Please attach a COPY of your child's immunization record.

School-age child's immunization record is on file at the following school: _____

Please list any food or medication ALLERGIES your child may have (note: we must have a *completed medical form* from your physician for any food allergies):

Chronic illnesses? _____ If so, please list _____

Please list any special needs your child may have _____

I _____ (parent/legal guardian) do hereby give and authorize permission for first aid (including topical antibiotic/diaper rash creams) and/or emergency treatment of my child _____ to Imagination Station/Creation Station staff in the event of an emergency in my absence, and while under their care.

(signature) (date) (relationship to child)

MEDIA CONSENT

I hereby give _____ do not give _____ consent for my child's name and/or photo to appear in any media source for purposes of promotion of Imagination Station/Creation Station.

I understand that this could pertain to Facebook and website pages,
as well as local news media.