



2025-2026 APPLICATION

Child's First & Last Name _____	Name to use & write at school _____	Gender _____	Birthdate ____/____/____
Child's First & Last Name _____	Name to use & write at school _____	Gender _____	Birthdate ____/____/____
Child's First & Last Name _____	Name to use & write at school _____	Gender _____	Birthdate ____/____/____

Parent 1 Name _____ Email _____
 Cell Phone _____ Employer _____ Alt Phone _____
 Home Address _____ City _____ Zip _____

Parent 2 Name _____ Email _____
 Cell Phone _____ Employer _____ Alt Phone _____
 Home Address (if different) _____ City _____ Zip _____

Emergency Contacts (two are required) if parents cannot be reached in the case of an emergency or illness:

1. Name _____ Phone _____ Alt Phone _____
 Address _____ City/Zip _____

2. Name _____ Phone _____ Alt Phone _____
 Address _____ City/Zip _____

Medical Information:

Doctor/Clinic _____ Phone _____
 Address _____ City/Zip _____

Dentist/Clinic _____ Phone _____
 Address _____ City/Zip _____

*List any allergies or known medical conditions that may require attention or medication while at Creekside (Epi-Pen, inhaler, etc). Include any allergies to medications. Additional medical forms may be required.

* List any additional dietary restrictions:

* Any notes you would like us to consider when placing your child(ren)? For example, support services used, premature birth, planning for a late or early kindergarten start, any special needs, etc.

CLASS SELECTION

MINNOWS 16-29 months by Sept 1, 2025

9:00am - 12:00pm ~ One classroom with 3 teachers and up to 14 kids

2 days a week - \$441/month | 3 days a week - \$647/month

12:00pm - 1:00pm optional lunch hour - \$12/day - Sign up daily in classroom

Select Number of Days Per Week: ___ 2 Days ___ 3 Days

Preferred Days: ___Mon ___Tues ___Wed ___Thurs ___Fri

Are your day preferences flexible? ___Yes ___No Any days that will NOT work? _____

TURTLES Turning 3 years old Sept 1, 2025 - March 31, 2026

9:00am - 12:00pm ~ One classroom with 3 teachers and up to 16 kids

2 days a week - \$435/month | 3 days a week - \$565/month

4 days a week - \$680/month | 5 days a week - \$770/month

12:00pm - 1:00pm optional lunch hour - \$12/day - Sign up daily in classroom

8:30am - 9:00am & 1:00pm - 3:00pm optional extended mornings & afternoons - For afternoons, the child must be at least 33 months & fully potty trained - Details on page 3

Select Number of Days Per Week: ___ 2 Days ___ 3 Days ___ 4 Days ___ 5 Days

Preferred Days: ___Mon ___Tues ___Wed ___Thurs ___Fri

Are your day preferences flexible? ___Yes ___No Any days that will NOT work? _____

FROGS Turning 4 years old Sept 1, 2025 - Aug 31, 2026 & potty trained

9:00am - 1:00pm - Two classrooms with 2 teachers each and up to 15 or 18 kids

3 days a week - \$580/month | 4 days a week - \$705/month | 5 days a week - \$795/month

8:30am - 9:00am & 1:00pm - 3:00pm optional extended mornings & afternoons - Details on page 3

Select Number of Days Per Week: ___ 3 Days ___ 4 Days ___ 5 Days

Preferred Days: ___Mon ___Tues ___Wed ___Thurs ___Fri

Are your day preferences flexible? ___Yes ___No Any days that will NOT work? _____

BUTTERFLIES Turning 5 or 6 years old Sept 1, 2025 - Aug 31, 2026 & potty trained

9:00am - 1:00pm

Two classrooms with 2 teachers each and up to 13 or 15 kids, plus a weekly enrichment teacher

3 days a week - \$595/month | 4 days a week - \$720/month | 5 days a week - \$810/month

8:30am - 9:00am & 1:00pm - 3:00pm optional extended mornings & afternoons - Details on page 3

Select Number of Days Per Week: ___ 3 Days ___ 4 Days ___ 5 Days

Preferred Days: ___Mon ___Tues ___Wed ___Thurs ___Fri

Are your day preferences flexible? ___Yes ___No Any days that will NOT work? _____

Is there anything else we should consider regarding day selections? _____

Optional Extended Care

Sign Up Daily in Classroom - Youngest sibling receives a 15% discount

MORNING HELPERS

All Turtles, Frogs, & Butterflies are welcome daily.

8:30am - 9:00am \$6/day

Help us open Creekside with an early start to the day.

AFTERNOON CONNECTIONS

Frogs, Butterflies & Turtles who are at least 33 months & fully potty trained are welcome daily.

1:00pm - 3:00pm \$12/hour, billed in half hour increments.

Continue playing and learning as we all come together in the afternoons.

Additional extended care specialty programs in sports, cooking, music & more are offered throughout the school year.

PERMISSIONS

* Can we take **photos** of your child(ren) to be used in classroom displays, projects, the app we use to share photos with current Creekside families, and/or used on the school website, social media, etc.?

___ Yes ___ No ** If no, list any you would like to opt out of: _____

* Can we include your names, addresses, email addresses, and cell phone numbers in a school directory to be shared with Creekside families? ___ Yes ___ No **If no, what should be omitted?_____

* The staff members have my **permission to admit my child(ren) to a medical facility** for emergency treatment or give the necessary first aid if I cannot be reached. ___ Yes ___ No

* I give the Creekside staff permission to take my child(ren) out to play in the fenced playground as well as on the church grounds in areas that are not fenced knowing that staff ratios will stay the same as in the classroom & visual reminders will be pointed out to help children understand the play area boundaries each time they go outside to play. ___ Yes ___ No

DEPOSIT & FEE DETAILS

A \$75 application fee is charged for each registered *family* plus Sept '25 tuition for each *child*. A 10% tuition discount will be given to the youngest child of families who have two or more children in Turtles, Frogs, or Butterflies. The registration fee & tuition will be withdrawn via our ACH program (pg 4) by 1/17/25 or upon admittance to Creekside. A one-time activity fee (\$20 for Minnows & \$40 for Turtles, Frogs & Butterflies) will be assessed on Oct 1 and cover all in-house and offsite field trips for the school year.

Note that payment withdrawals will be listed as MORGAN STANLEY, not Creekside.

Refunds:

- The \$75 family application fee is non-refundable.
- The one-month tuition will be refunded if withdrawn via email by Jan 20, 2025. After Jan 20, partial refunds (75% by March 1, 50% by April 15, 25% by June 15) will be given only if the space is filled.

By signing below, I acknowledge that I understand this 4-page application and filled it out thoroughly and accurately. If enrolled, I agree to pay all required fees through Creekside's ACH program (pg 4) and give at least a 30-day notice of withdrawal once the school year starts. Existing '24-'25 families do not need to fill out page 4 unless switching accounts.

Parent Signature _____ Date _____

Office Use Only: TID:_____

ACH: _____

C: _____

Creekside Children's Place ~ 5730 Grove Street ~ Edina, MN 55436

Ph: 952.926.1410 ~ Fax: 952.926.0045 ~ www.creeksidechildrensplace.com ~ dd.mathews@me.com

For Internal Use Only		
Branch No.	Account No.	FA/PWA No.
_____	_____	_____

Subject to the terms of this form, the Terms, and Morgan Stanley's internal policies and procedures, I hereby authorize Morgan Stanley to initiate deposits and/or withdrawals to/from my Morgan Stanley Account(s) and Outside Bank Account or Third-Party Account indicated previously at the depository institution named above and to deposit and/or withdraw to and from such accounts for various amounts at varying times by making On Demand Transfers. I understand that I may only revoke, rescind or return a Transfer as provided in the Terms.

I acknowledge that Morgan Stanley will not be liable for any loss, liability, cost nor expense arising out of my instructions, if Morgan Stanley employs reasonable procedures to prevent unauthorized transactions.

Should an incorrect amount be withdrawn from or deposited to my Outside Bank Account(s), or Third-Party Accounts, or my Morgan Stanley Account(s), I authorize Morgan Stanley to correct the error by debiting/crediting my Outside Bank Account(s), my Morgan Stanley Account(s) or Third-Party Accounts. Should a debit to an Outside Bank Account or Third-Party Account not be possible for any reason (e.g., nonsufficient funds), I agree to promptly pay Morgan Stanley any amounts that I owe in my Morgan Stanley Account(s).

This authorization is to remain in full force and effect until Morgan Stanley has received written notification from me of its termination in such time and in such manner as to afford Morgan Stanley and my depository institution a reasonable opportunity to act on it. Any modifications to this authorization (e.g., addition of certain outside banks) must be made using this Form.

Danielle Mathews
 MORGAN STANLEY ACCOUNT HOLDER NAME (PLEASE PRINT)

 MORGAN STANLEY ACCOUNT HOLDER SIGNATURE DATE

 MORGAN STANLEY JOINT ACCOUNT HOLDER NAME (OPTIONAL-PLEASE PRINT)

 MORGAN STANLEY JOINT ACCOUNT HOLDER SIGNATURE (OPTIONAL) DATE

★ _____
 THIRD-PARTY ACCOUNT HOLDER NAME (IF APPLICABLE-PLEASE PRINT)

★ _____
 THIRD-PARTY ACCOUNT HOLDER SIGNATURE (IF APPLICABLE) DATE

★ 4. Voided Check Samples

Please attach a voided or cancelled check from the external account

(If a voided check is not available, please provide a copy of your outside financial institutions bank/savings statement.
 For Third-Party Accounts authorized to make transfers into your Morgan Stanley Account, a voided check is required.)

★ Please fill out the 3 starred items only. Thanks!