



APPLICATION FOR ENROLLMENT PRESCHOOL EDUCATION 2018-2019

(Please print clearly, complete both sides & enclose non-refundable registration fee.)

Please for 3 year olds only .. 3 day___ or 4 day___

Child's Last Name: _____ First Name: _____ Preferred: _____

Address: _____

City / State / Zip: _____

Gender: M / F Race: African American / Bi.racial / Caucasian / Hispanic / Asian/ Polynesian / Other _____

Age (by 08/31/18): _____ Date of Birth: _____ Home Phone: _____

Mother's Name: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Parent's Marital Status: Married___ Single___ Separated___ Divorced___ Widowed___

Parent email address: _____

CTKP is a ministry of CTK Church, the contact information above will only be shared with Christ the King Preschool and Christ the King Church.

EMERGENCY INFORMATION

#1 Emergency contact if parents cannot be reached: _____

Relationship: _____ Phone: _____

#2 Emergency contact if parents cannot be reached: _____

Relationship: _____ Phone: _____

Pediatrician: _____ Phone: _____

First choice of hospital: _____

(If not specified, school will determine location)

Does your child have any special health problems or ALLERGIES? _____

Please Specify: _____

Does your child currently attend any therapies (i.e. speech, occupational, etc.) _____

Please specify _____

I hereby give permission, should my child need emergency medical care, for services to be rendered to my child by a licensed physician and/or hospital. I also give permission for my child to be transported by car or emergency vehicle to location of treatment.

Date: _____

Signature (Parent or Guardian)

Others adults allowed to pick child up from school other than parents:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Siblings:

Name: _____ Gender: _____ D.O.B.: _____

Name: _____ Gender: _____ D.O.B.: _____

Name: _____ Gender: _____ D.O.B.: _____

Child's previous Preschool experience: _____

Please list any eating habits, likes or dislikes, fears or concerns your child may have in relation to attending school.

Why do you want your child to attend Christ the King Preschool? _____

Family's religious preference: _____

Church Membership: _____

Copy of immunization records from physician attached. (Must be submitted no later than Sept 4, 2018.)

Tuition for September 2018 will be due on May 1, 2018. If September's tuition is not paid by May 8, 2018, your child's space in the class will be forfeited and offered to the next child on the waiting list. *Subsequent tuition payments are due on the first of each month for the following month beginning in September. (i.e. October's tuition is due September 1, etc.)*

Tuition payments and registration fees are non-refundable. Please make checks payable to *Christ the King Preschool*. A \$10.00 late charge will be added to any account not paid by the 5th of each month.

We accept cash, check or money orders only. Tuition and registration payments cannot be made with a credit/debit card.

When a child is voluntarily withdrawn from the program, parents must give a written notice at least 30 days in advance. If a 30-day notice is not given, tuition for the month will be due. If a child is still enrolled as of April 1, 2019, tuition for May 2019 will be due.

No adjustments will be made in tuition for days missed due to student's illness, being out of town, regularly scheduled holidays, weather related closings, or other events beyond the control of the preschool.

I have read and understand the aforementioned terms and rules and agree to abide by them.

Signature (Parent or Guardian) Date: _____

Office use only: E# _____ T# _____ CH# _____ / _____ Money order /Cash _____ LTR _____