

Reg Check# _____

Christ the King Early Childhood Center

PO Box 164, Cary, NC 27512-0164
919-460-0950 | ctkecc@christthekingcary.org

Child's Last Name _____ First Name _____

Male _____ Female _____ What Do You Call Him/Her? _____

Child's Date of Birth ____/____/20__ Home Telephone # _____

Religious Affiliation _____ Parental Status S / M / D

Street Address _____ City _____ Zip _____

Mother's Name _____ Mother's Cell # _____

Workplace _____ Work # _____ E-mail _____

Father's Name _____ Father's Cell # _____

Workplace _____ Work # _____ E-mail _____

Brother(s) _____ Age ____ Sister(s) _____ Age ____

_____ Age ____ Sister(s) _____ Age ____

_____ Age ____ Sister(s) _____ Age ____

Emergency Contacts (if we are unable to reach either parent/guardian)

1. Name _____ Relationship _____

Phone Numbers (H) _____ (W) _____ (C) _____

2. Name _____ Relationship _____

Phone Numbers (H) _____ (W) _____ (C) _____

Doctor's Name _____ Phone # _____

Dentist's Name _____ Phone # _____

Dietary Needs: Vegetarian / Milk Intolerance / Food Allergy (be specific) _____

Non- Food Allergies _____ Please provide an Epipen if allergy is life threatening.

Does your child have other "Special Needs"? _____

Have these needs been evaluated? ____ If yes, please elaborate _____

PLEASE SIGN AND INITIAL BELOW AS INDICATED.

Registration Fee: The registration fee is \$100.00 for each student and is non-refundable after the child is placed. I understand that the only time my registration fee is refundable is if my family moves from Wake County before preschool begins.

PLEASE INITIAL. _____

Tuition: September tuition is due Sept. 1. (If September tuition is not received by Sept.1, we reserve the right to withdraw your child's placement.) **Tuition is non-refundable.**

PLEASE INITIAL. _____

Thirty days notice is required prior to withdrawing a child or the month's tuition is due and payable.

PLEASE INITIAL. _____

Photographs: I give permission for Christ the King Early Childhood Center to use my child's photograph for any promotional materials including newspaper, brochures, advertising, presentations, and web sites.

PLEASE SIGN. _____

Medical Emergencies: In the event of an emergency, I give CTKECC full consent to secure medical attention for my child.

PLEASE SIGN. _____

Field Trips: I give my permission for my four/five year old to take any/all field trips with the class and understand we will be given prior notification of trips.

PLEASE SIGN. _____

Class Preferences (Your child **must meet age requirements** for the classes you request. Please see Director for up to date information.):

1st Choice _____

2nd Choice _____

3rd Choice _____

My signature indicates that I have read and understand the policies of CTKECC

SIGNATURE _____ **DATE** _____