



APPLICATION FOR ENROLLMENT PRESCHOOL EDUCATION 2019-2020

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

Please v for 3 year olds only -- 3 day___ or 4 day___

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

Address: _____

City / State / Zip: _____

Age (by 08/31/19): _____ Date of Birth: _____ Gender: M / F

Parent/Guardian: _____ Phone: _____

Employer: _____ Work Phone: _____

Parent/Guardian: _____ Phone: _____

Employer: _____ Work Phone: _____

Parent's Marital Status: Married___ Single___ Separated___ Divorced___ Widowed___

Parent/Guardian 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

(Information marked with * must be filled out in order to register.)

*#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: _____

*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 emergency vehicle to location of treatment.

Signature (Parent or Guardian) Date: _____

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

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

FAMILY LIFE

Siblings:

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

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

What is the primary language spoken in the home? _____

Child's previous Preschool experience: _____

Please list any eating habits, religious dietary restrictions, major life changes (divorce, death in family, extended visitor, new baby), general 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? _____

Church Membership: _____

Copy of immunization records from physician attached. (Must be submitted no later than Sept 3, 2019.)

***AGREEMENT FOR ENROLLMENT**

- 1) To complete my child's registration, this form, the EFT (electronic funds transfer) authorization form for tuition payments, and the nonrefundable registration fee (cash or check only) will be due. Monthly tuition will be paid by EFT. The first EFT will occur on May 1, 2019, for September's tuition. The next EFT will occur on September 1st for October's tuition. Subsequent tuition payments are due on the first of each month for the following month through April 1, 2020. If the EFT is returned, we will notify the parent or individual responsible for payment, and the funds will be due in cash the next business day. All returned EFTs will incur a \$20 processing charge.
- 2) Tuition will still be due, and no adjustments will be made in tuition for days missed due to student's illness, being out of town (including, but not limited to, extended trips abroad), regularly scheduled holidays, weather related closings, or other events beyond the control of the preschool.
- 3) 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, 2020, tuition for May 2020 will be due.
- 4) Tuition payments and registration fees are non-refundable.
- 5) In all emergencies, Christ the King Preschool has permission to take such reasonable measures which, in judgment of the Christ the King Preschool Staff, are necessary to maintain the welfare and safety of the child. Should my child need to have emergency medical care and have services rendered by a licensed physician and/or hospital, my child will be transported to an Emergency Room of my choice.
- 6) Christ the King Preschool reserves the right to close a class due to low enrollment.
- 7) My signature below acknowledges that I have: 1) read and completely understand the aforementioned terms and rules and agree to abide by them, and 2) given accurate information regarding my child's health.

Signature (Parent or Guardian) Date: _____

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