

The Creator's Kids

Preschool

Wake Cross Roads, 3328 Forestville Rd, Raleigh, NC 27616 (919) 649-4150

November 27, 2017

2018/2019 – ENROLLMENT

The Creator's Kids - Wake Cross Roads

Dear Parents,

If this is your *first* year with us, thank you for your interest. We are so excited about the possibility of teaching your child.

If you are *returning*, welcome back! We hope this past year you have enjoyed seeing your child grow as much as we have. What a blessing it is to see them mature in the Lord.

Re-Enrollment (*for current students and their siblings*) begins January 11, 2018 at 9:20am and ends January 24, 2018 at 1:30pm

WCR Open Enrollment begins January 21, 2018, *following the 2nd worship service* and ends January 24, 2018 at 1:30pm

Open Enrollment (general) begins January 25, 2018 at 8:30am

All applications will be accepted on a **first come, first served basis**. Class placement is determined by child's age on August 31, 2018. *Please note that the yearly registration fee is **NON-REFUNDABLE** and is **not** counted towards tuition for the 18/19 school year.*

In order to register your child, the following must be submitted:

1. Completed Application (for each child being registered)
2. **Non-Refundable** Yearly Registration Fee
3. Updated Immunization Record*

All students must comply with state guidelines for immunizations. Records may be submitted any time before **Open House on Thursday, August 30, 2018. They can be faxed to the church office at 919-266-0245; attention TCK - Amy Braswell. Immunization records **must** be submitted before your child can attend school.*

	<u>2 days</u> (ages 2 only)	<u>3 days</u> (all ages)	<u>4 days</u> (ages 4-5 only)
Non-Refundable			
Yearly Registration Fee	\$165	\$220	\$275
Monthly Tuition	\$165	\$220	\$275

Our first day of the 2018/2019 school year will be **Tuesday, September 4**. School hours are from 9:30am to 1:15pm. Below is a table outlining the *Non-Refundable Yearly* Registration Fee and Monthly Tuition. *Please note that classes may be dropped or added based on enrollment.*

We look forward to serving your child. May God bless your entire family through this ministry.

Sincerely,
Amy Braswell, Director

For Office Use Only: Date Rec: _____ Check #: _____ Amt. \$ _____ Imm. Rec: ___ Rec by: _____

Application for Admission
The Creator's Kids Preschool
Wake Cross Roads Baptist Church (919) 649-4150

School Term:
2018-2019

Student Information

Student's Name: _____ Last First Middle		
Preferred Name: _____	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	
Birth Date: _____ mm/dd/yyyy	Current Age: _____	Age on August 31, 2018: _____
Attendance Preference: (Subject to Availability)		
2 yr olds: 3 Day - Tue, Wed & Thurs _____	2 Day - Tue & Thurs _____	
3 yr olds: 3 Day - Tue, Wed & Thurs _____		
4 & 5 yr olds: 4 Day - Mon—Thurs _____	3 Day - Tue, Wed & Thurs _____	
Do you give permission for name, address, phone and e-mail to be included in a class/school directory? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does your child live with both parents? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If no, please explain _____		
Does your child attend church? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where? _____		
If yes, in which church activities does your child participate? _____		
Are there other activities in which your child participates? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what? _____		
Has your child ever been in a childcare program? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where? _____		

Family Information

Address: _____ _____		
Home Phone: _____		
Does your family attend church? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where? _____		
Father's Name: _____ Last First Middle		
Preferred Name: _____	Cell Phone: _____	Email: _____
Company Name: _____	Job Title: _____	Emergency Contact: <input type="checkbox"/>
Business Phone: _____	Ext: _____	Allowed to pick up child: <input type="checkbox"/>
		List in Directory: <input type="checkbox"/>
		Receive email newsletters: <input type="checkbox"/>
Mother's Name: _____ Last First Middle		
Preferred Name: _____	Cell Phone: _____	Email: _____
Company Name: _____	Job Title: _____	Emergency Contact: <input type="checkbox"/>
Business Phone: _____	Ext: _____	Allowed to pick up child: <input type="checkbox"/>
		List in Directory: <input type="checkbox"/>
		Receive email newsletters: <input type="checkbox"/>
Siblings		
Name: _____	Age: _____	Gender M <input type="checkbox"/> F <input type="checkbox"/> School attending _____ Track _____
Name: _____	Age: _____	Gender M <input type="checkbox"/> F <input type="checkbox"/> School attending _____ Track _____
Name: _____	Age: _____	Gender M <input type="checkbox"/> F <input type="checkbox"/> School attending _____ Track _____

Student's name _____

Contact Information

Emergency Contact: People who would assume responsibility for your child in an emergency if TCK is unable to contact parents.

Allowed to Pick up child: People, in addition to parents, who are authorized to pick up children from TCK with picture ID.

Name: _____	Relationship: _____	Emergency Contact: <input type="checkbox"/>
Phone: _____	Mobile Phone: _____	Allowed to pick up child: <input type="checkbox"/>
Notes: _____		
Name: _____	Relationship: _____	Emergency Contact: <input type="checkbox"/>
Phone: _____	Mobile Phone: _____	Allowed to pick up child: <input type="checkbox"/>
Notes: _____		
Name: _____	Relationship: _____	Emergency Contact: <input type="checkbox"/>
Phone: _____	Mobile Phone: _____	Allowed to pick up child: <input type="checkbox"/>
Notes: _____		

Health Information *Please submit a copy of your child's current immunization record FAX # (919) 266-0245*

Does your child have any allergies? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, to what & how severe? _____
Is your child potty trained? Yes <input type="checkbox"/> No <input type="checkbox"/> (Must be fully potty trained to enter a 3 or 4 yr old class)
List any concerns (health, developmental, social etc.) Use additional paper if needed. _____

Medical Contacts

Physician: _____	Phone number: _____
Dentist: _____	Phone number: _____
Hospital: _____	Phone number: _____
Insurance: _____	Phone number: _____ Policy # _____

Initial Each Statement

_____	I authorize The Creator's Kids at Wake Cross Roads (TCK) to display my child's likeness or work on school bulletin boards, the internet (without name listed) or in the end of year book (or other photographic media) as related to school functions.
_____	I understand that TCK will notify me of each off campus activity (i.e. field trips) and it is my responsibility to provide transportation or make arrangements for the transportation of my child.
_____	I understand the yearly registration fee is non-refundable for any reason and does not cover tuition.
_____	I have read the TCK Handbook (available online) and agree to abide by the policies therein.
_____	In the event of a medical emergency, permission is granted to The Creator's Kids at Wake Cross Roads and its' representatives to meet the needs of my child.
_____	I understand that TCK must receive record that my child is fully immunized in order to attend.

The information on this application is correct to the best of my knowledge.

I understand and agree with the initialed statements listed above.

Parent/Guardian Signature _____

Date _____