

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)		
1 yr olds: 3 Day - Tue, Wed & Thurs _____	2 yr olds: 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"/>
3 yr olds: 3 Day - Tue, Wed & Thurs _____		
4 & 5 yr olds: 4 Day - Mon - Thurs _____	3 Day - Tue, Wed & Thurs _____	
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** **No** If yes, to what & how severe? _____

Is your child potty trained? **Yes** **No** (**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 class photos (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 _____