

# The Creator's Kids (TCK) PRESCHOOL

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

January 31, 2022

2022/2023 - **ENROLLMENT**

The Creator's Kids - Wake Cross Roads

Dear Parents,

If this is your **first enrollment** with The Creator's Kids (TCK), **thank you** for considering us! We are so excited about the possibility of teaching your child. If you are **returning to TCK**, **WELCOME back!** We have enjoyed being a part of each student's educational growth and have been blessed to see them mature in the Lord.

- **Re-Enrollment** (*for current students and their siblings*)  
begins February 8, 2022 at 9:20am
- **WCR Open Enrollment** (*for WCR Members and regular attendees*)  
begins February 13, 2022, following the worship service
- **Open Enrollment** (*for general public*) begins February 16, 2022 at 9:45am

All applications will be accepted on a **first come, first served basis**. Class placement is determined by child's age on August 31, 2022. *Please note that the **Non-Refundable** Yearly Registration Fee is **not** counted towards tuition for the school year.*

To register your child, the following items 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, September 1, 2022**. They can be faxed to the church office at 919-266-0245; attention TCK Director. Immunization records **must** be submitted before your child can attend school.*

Our first day of the 2022/2023 school year will be **Tuesday, September 6, 2022**. School hours are from 9:25am and 9:30am to 1:10pm and 1:15pm depending on class. Below is a table outlining Registration and Tuition Fees.

*(Please note that TCK may drop or add classes based on enrollment.)*

	<u>3 days</u> (all ages)	<u>4 days</u> (ages 4-5 only)
<b>Non-Refundable</b> Yearly Registration Fee:	\$245	\$300
Monthly Tuition:	\$245	\$300

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

Sincerely,

Louann Pittman, TCK Director

Holly Wade, TCK Assistant Director

Application for Admission

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

School Term:  
2022-2023

Student Information

Student's Name: \_\_\_\_\_  
Last First Middle

Preferred Name: \_\_\_\_\_ Gender: M  F

Birth Date: \_\_\_\_\_ Current Age: \_\_\_\_\_ Age on August 31, 2022: \_\_\_\_\_  
mm/dd/yyyy

Attendance Preference: (Subject to Availability)

1 & 2 yr. olds: 3 day T, W, Th  
(min. 14 months & walking stable)

3 yr. olds: 3 day - T, W, Th

3 & 4 yr. olds: 3 day - T, W, Th

4 & 5 yr. olds: 4 day - M, T, W, Th

3 & 4 yr. olds: 4 day - M, T, W, Th

Do you give permission for name, address, phone and e-mail to be included in a class/school directory? Yes  No

Does your child live with both parents? Yes  No

If no, please explain \_\_\_\_\_

Does your child attend church? Yes  No  If yes, where? \_\_\_\_\_

If yes, in which church activities does your child participate? \_\_\_\_\_

Are there other activities in which your child participates? Yes  No  If yes, what? \_\_\_\_\_

Has your child ever been in a childcare program? Yes  No  If yes, where? \_\_\_\_\_

Family Information

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Does your family attend church? Yes  No  If yes, where? \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Last First Middle

Preferred Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Emergency Contact:   
Allowed to pick up child:   
List in Directory:   
Receive email newsletters:

Mother's Name: \_\_\_\_\_  
Last First Middle

Preferred Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Emergency Contact:   
Allowed to pick up child:   
List in Directory:   
Receive email newsletters:

Siblings:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender M  F  School attending: \_\_\_\_\_ Track \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender M  F  School attending: \_\_\_\_\_ Track \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender M  F  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 who are authorized to pick up children from TCK with picture ID.*

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

### Health Information *Please submit or Fax 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 \_\_\_\_\_