



CHRIST THE KING EARLY LEARNING CENTER

2020-2021 School Year Enrollment form

Incredible Infants Wonderful Ones Totally Twos Terrific Threes Fantastic Fours

Child's Full Name: _____ Nickname _____ Sex: F or M Date of Birth: _____

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Times of Care Needed: _____ to _____ (Must not exceed 10 hours per day)

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Address: _____

E-Mail _____ **E-Mail** _____

Mother's Employer: _____ Work Phone: _____

Father's Employer: _____ Work Phone: _____

If separated or divorced, is the other parent allowed to pick the child up? Y or N

(Legal Documentation required if marked No)

Persons who are permitted to pick up your child other than the parents: (Identification Required)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

In case of urgent illness or accident, and persons listed for emergency cannot be reached, I hereby give consent to Christ the King Staff to provide emergency care through the hospital, physician or paramedic for my child/ren:

Signed: _____ Date: _____

(Parent's Name)

Physician Name: _____ Phone #: _____

Insurance Carrier: _____ Policy#: _____

Does your child have any allergies? _____ Documentation Available? _____

Any health/behavioral challenges we should be aware of? Y or N Please explain. _____

Would you like information on CTK's ministries? Y or N

Are you a member of a Church Congregation? _____ If so, where do you worship? _____

How did you hear about us? _____

Office Use Only: QuickBooks - Student I.D. # _____ / Registration Fee / Check # _____ / Amount _____

PHOTOGRAPH RELEASE

During the year we may use your child's photograph, whether in a group or individual, to post throughout the classroom, on our website www.ctkcda.com or our Facebook pages. We also occasionally use pictures of our students in our church publications/electronic communication. On rare occasions, if there is a special activity that the media covers, they may wish to use pictures in their article. Please sign below if you would allow the use of photos that include your child.

No last names will be published unless notified... Also, please acknowledge **CTK ELC enrollment in *Steps to Quality* and authorize the Child Care Resource Center to access & review our child's files.**

Yes, my child/children's photograph, name and / or project may be published: Yes, to Steps to Quality/

No, my child/children's photograph, name and / or project may **NOT** be published: No to Steps to Quality

Parent / Guardian's Signature _____ Date: _____

WALKING/STROLLER PERMISSION

During the school year there are times when our children take walking/stroller trips into the community. Rather than asking for your permission to transport your child by strollers or walks on each occasion, your signature below indicates approval to take your child on trips during the school year. Trips are spontaneous and weather permitting.

Yes, I grant permission for my child/children to go on trips by stroller/walks

No, I do NOT grant permission for my child/children to go on trips by stroller/walks

Parent / Guardian's Signature _____ Date: _____

FIELD TRIP PERMISSION

During the school year there are times when our Three and Four Year old classes on field trips into the community. Rather than asking for your permission to transport your child by school bus on each occasion, your signature below indicates approval to take your child on trips during the school year. Trips will be announced in advance and volunteers are always welcome.

Yes, I grant permission for my child/children to go on field trips.

No, I do NOT grant permission for my child/children to go on field trips.

Parent / Guardian's Signature _____ Date: _____

Office Use Only: QuickBooks - Student I.D. # _____ / Registration Fee / Check # _____ / Amount _____