

FOR OFFICE USE ONLY:

Date Returned: _____

Check # / Cash: _____

Amount: _____



*Superior Education with a
Christian Foundation*

Christ the King Learning and Growth Center Registration Form

Please fill in all data and return to the school office. A \$50.00 non-refundable registration/supply fee per child must accompany this form.

Please fill out Section I with information about the custodial parent who has primary responsibility for tuition.

Head of Household: _____ Male () Female ()
Last First Middle

Ethnic background _____ SS# _____

Home Address _____
Street City State Zip

Self Employed: Yes / No If self-employed list name of Business: _____

Employer Name: _____ Type of Business: _____

Work Address _____
Street City State Zip

Employer Phone Number: _____

Highest Level of Education: _____ Date of Birth: _____

Relationship to student(s): _____ Religion: _____

Phone () _____ Home/Office/Cell/Other If Catholic, list Parish: _____

Phone () _____ Home/Office/Cell/Other

Phone () _____ Home/Office/Cell/Other

We communicate and bill by email and bill through email. List the email address you want used as your primary billing and contact address.

Email: _____

Our major form of communication is through a One Call System. Please list the phone number you wish to receive notices and information through: _____ receive texts? (Yes) (NO)

Interested in Volunteering: Yes / No Available during the day: Yes / No

Interested in volunteering for: _____

If this is your first enrollment in our daycare, how did you hear about us? If a friend referred, you to the center please list name

Please fill out Section II with information about another parent (or person) with whom child resides.

Name: _____ Male () Female ()
Last First Middle

Ethnic background _____ SS# _____

Home Address _____
Street City State Zip

Self Employed: Yes / No If self-employed list name of Business: _____

Employer Name: _____ Type of Business: _____

Work Address _____
Street City State Zip

Employer Phone Number: _____

Highest Level of Education: _____ Date of Birth: _____

Relationship to child(s): _____ Religion: _____

Phone () _____ Home/Office/Cell/Other If Catholic list Parish: _____

Phone () _____ Home/Office/Cell/Other

Phone () _____ Home/Office/Cell/Other

Email: _____

Interested in Volunteering: Yes / No Available during the school day: Yes / No

Interested in volunteering for: _____

Please Fill Out Section III with information about Non-Custodial Parent if Applicable.

Name: _____ Male () Female ()
Last First Middle

Ethnic background _____ SS# _____ Copy of Custody Agreement with registration Yes / No

Home Address _____
Street City State Zip

Self Employed: Yes / No If self-employed list name of Business: _____

Employer Name: _____ Type of Business: _____

Work Address _____
Street City State Zip

Employer Phone Number: _____

Highest Level of Education: _____ Date of Birth: _____

Relationship to child(s): _____ Religion: _____

Email: _____

Phone () _____ Home/Office/Cell/Other If Catholic list Parish: _____

Phone () _____ Home/Office/Cell/Other

Phone (_____) _____ Home/Office/Cell/Other

Email: _____

Prefer Email Statements/Communications: Yes / No

Interested in Volunteering: Yes / No

Available during the school day: Yes / No

Interested in volunteering for:

Please fill our Section IV with information about your child

Name: _____ **Date of Birth:** _____ **Age:** _____

Address: _____

Male _____ **Female** _____ **SSN#** _____ **Name Student Goes By:** _____

Ethnic background _____ **Religion:** _____

Does your child have any siblings that live in the home? If so please list name, age, and school that they attend

Attendance Schedule (please specify):

_____ **5 days a week Daily Childcare. Approximate times** _____

Does your child have any known allergies or medical issues? _____ If yes, please list below

Special Dietary Needs (medical waiver required)

Is the child under a doctor's care for a current condition: Yes / No If Yes, please explain:

Does the child take any medication regularly: Yes / No If Yes please list medications:

Will the child take medication during school hours: Yes / No If Yes please explain:

Physician: _____ **Phone Number** _____

Preferred Hospital _____ **Phone Number** _____

While the above preferences will be respected as far as possible, I understand that in the final disposition of an emergency, the judgement of the center authorities will prevail. I authorize this childcare provider to obtain emergency medical care if I cannot be reached.

Signature: _____

Date: _____

Please initial the following and sign below:

I give the center staff permission to administer minor first aid. _____

I give permission for pictures/videos to be taken and displayed within the center or in the newsletter. _____

I agree to apply sunscreen to my child prior to drop-off, and give my permission for center staff to re-apply as needed _____

I give my child permission to participate in outings on church property. _____

I agree to provide payment this week prior to service. _____

I agree to notify the center two weeks prior to final date of attendance and have any remaining balance paid in full.

Signature: _____

Date: _____

Please fill our Section V with information about Emergency Contact Information.

Please list persons who can be contacted in case of an emergency if parent is not available.

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all people authorized to pick up your child daily. For your child's safety, they may be expected to show identification.

<u>Name</u>	<u>Relationship</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Agency supplementing payment and contact person if applicable:

Daycare Payments

Please indicate your payment information on your Financial Contract. CTK Learning and Growth Center payments must be made through automatic withdrawal on the Monday of every week your child is enrolled in our center. Payments are expected in advance for the week.
