

Year: 2026-27

Reg Check# \_\_\_\_\_

## Christ the King Preschool

PO Box 164, Cary, NC 27512-0164

919-460-0950

[www.ctkpreschoolcary.org](http://www.ctkpreschoolcary.org)

[ctkpreschool@christthekingcary.org](mailto:ctkpreschool@christthekingcary.org)

Child's Last Name \_\_\_\_\_ First name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Male/ Female \_\_\_\_\_ What do you call him/her? \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_ Home Telephone # \_\_\_\_\_

Religious Affiliation \_\_\_\_\_ Member of Christ the King Church?  Yes

Prior Preschool Experience:  Yes  No Dates Attended: \_\_\_\_\_

Name & Location of Previous School: \_\_\_\_\_

Parental Status:  Single  Married  Separated  Divorced

### Parent information (mother/father/guardian) please print:

Full Name \_\_\_\_\_ Cell phone # \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Workplace \_\_\_\_\_ Work # \_\_\_\_\_

Preferred e-mail \_\_\_\_\_

Share my e-mail address with (Initials):

Teachers only  Class only  Room Parent only  All Preschool

### Parent information (mother/father/guardian) please print:

Full Name \_\_\_\_\_ Cell phone # \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Workplace \_\_\_\_\_ Work # \_\_\_\_\_

Preferred e-mail \_\_\_\_\_

Share my e-mail address with (Initials):

Teachers only  Class only  Room Parent only  All Preschool

Brother(s) \_\_\_\_\_ Age \_\_\_\_\_ Sister(s) \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Age \_\_\_\_\_ Age \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Age \_\_\_\_\_ Age \_\_\_\_\_ Age \_\_\_\_\_

**Emergency Contacts (if we are unable to reach either parent/guardian):**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone Numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone Numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Dentist's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Dietary Needs: Vegetarian / Milk Intolerance / Food Allergy (be specific) \_\_\_\_\_  
Non- food allergies \_\_\_\_\_ Please provide an Epipen if allergy is life threatening.

What additional information do your child's teachers need to be aware of? (check all that apply)

<input type="checkbox"/> Anxieties	<input type="checkbox"/> Shyness
<input type="checkbox"/> Fears or Phobias	<input type="checkbox"/> Physical, Visual, and Auditory Impairments
<input type="checkbox"/> Sensory Issues (loud noises, toilets flushing, tags in clothing, etc.)	<input type="checkbox"/> Recent Changes in Family Circumstances (divorce, unemployment, births, deaths in family, etc.)
<input type="checkbox"/> Autism or Asperger's Syndrome	<input type="checkbox"/> Toilet Training
<input type="checkbox"/> Developmental Delays	<input type="checkbox"/> Other _____
<input type="checkbox"/> Language/Communication	
<input type="checkbox"/> Speech	

Have any of these been evaluated? Yes / No

If yes, please elaborate \_\_\_\_\_

How did you hear about Christ the King Preschool?

Friend    Church Member    Church Website    Other \_\_\_\_\_

If you were referred by a friend or church member, is that person a CTK Preschool parent? Yes/No

**Class Placement Preferences:**

Your child **MUST** meet the age requirement by 8/31 to be eligible for the class you request.

1<sup>st</sup> choice \_\_\_\_\_  
2<sup>nd</sup> choice \_\_\_\_\_  
3<sup>rd</sup> choice \_\_\_\_\_

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**PLEASE SIGN AND INITIAL BELOW AS INDICATED**

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**REGISTRATION FEE:** The registration fee is \$125.00 for each student and is non-refundable after the child is placed. I understand that the only time my registration fee is refundable is if my family moves from Wake County before preschool begins.

**PLEASE INITIAL** \_\_\_\_\_

**TUITION:** Monthly tuition is due on the first of each month. (If tuition is not received by the 15<sup>th</sup> of the month, we reserve the right to withdraw your child's placement.) **For the 2026-27 school year, the preschool prefers the use of the online bill payment system for all families. The preschool prefers auto draft from a checking account but credit card payment is acceptable. Please be advised families will be required to pay the credit card service fee for all credit payments.** Please meet with the Director to discuss other options if online payment is unavailable for your family.

**PLEASE INITIAL** \_\_\_\_\_

Thirty Days notice is required prior to withdrawing a child or the month's tuition is due and payable. If a family withdraws from CTK Preschool after 8/1/2026, full tuition for September will be required.

**PLEASE INITIAL** \_\_\_\_\_

**PHOTOGRAPHS:** I give permission for Christ the King Preschool (CTK Preschool) to use my child's photograph for any promotional materials including newspaper, brochures, advertising, presentations, and websites.

**PLEASE SIGN** \_\_\_\_\_

**LIMITED USE OF PHOTOGRAPHS:** I give permission for CTK Preschool to use my child's photograph in the classroom, preschool, and church building.

**PLEASE SIGN** \_\_\_\_\_

**MEDICAL EMERGENCIES:** In the event of an emergency, I give CTK Preschool full consent to secure medical attention for my child.

**PLEASE SIGN** \_\_\_\_\_

**ABUSE PREVENTION POLICY:** For the safety and well-being of our children, CTK Preschool abides by Christ the King's Abuse Prevention Policy. I understand and acknowledge that at times there may be only one adult supervising my child for a short period. For example, when another child or my child needs medical attention, needs assistance in the bathroom, is awaiting the arrival of a parent, or other special circumstances.

**PLEASE SIGN** \_\_\_\_\_

**FIELD TRIPS:** I give my permission for my four/five year old to take any/all field trips with the class and understand we will be given prior notification of trips.

**PLEASE SIGN** \_\_\_\_\_

**My signature indicates that I have read and understand the policies of CTK PRESCHOOL**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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## **NON-DISCRIMINATION DEMOGRAPHIC INFORMATION: OPTIONAL**

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The IRS requires CTK PRESCHOOL to verify our compliance with our non-discrimination policy.  
**Your response to these questions is optional.**

Ethnicity:

Hispanic, Latino, or Spanish origin

Race: Please specify one:

American Indian or Alaska Native  
 Asian  
 Black or African American

Native Hawaiian or Asian Pacific Islander  
 White  
 Other: \_\_\_\_\_