

Year: 2026-27

Reg Check# _____

Christ the King Preschool

PO Box 164, Cary, NC 27512-0164

919-460-0950

www.cktpreschoolcary.org

cktpreschool@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 _____

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.

1st choice _____
2nd choice _____
3rd choice _____

PLEASE SIGN AND INITIAL BELOW AS INDICATED

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 15th 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** _____

NON-DISCRIMINATION DEMOGRAPHIC INFORMATION: OPTIONAL

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:

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Asian Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other: _____ |