



CHRIST THE KING EARLY LEARNING CENTER

2024-2025 School Year Enrollment Form

Please inform the office if your child will be home for the summer (50% monthly tuition hold fee)

- Incredible Infants
 Wild Waddlers
 Wonderful Ones
 Totally Twos
 Terrific Threes
 Fantastic Fours

Child's Full Name _____ Date of Birth _____

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Times of Care Needed _____ am to _____ pm (Must not exceed 10 hours per day) Example:
8-5:30
(Infants and Waddlers 8-5 only)

Mother's Name _____ Cell Phone _____

Father's Name _____ Cell Phone _____

Email _____ Email _____

Address _____

Alternate Contact Phone Number (work) _____

If separated or divorced, is the other parent allowed to pick up the child? Yes or No
(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 paramedics for my child/ren:

Signed: _____ Date: _____

Physician Name: _____ Phone Number: _____

Insurance Carrier: _____ Policy Number: _____

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

Any behavior/health challenges we should be aware of? Yes or No Please explain: _____

Office Use Only: Registration Fee Paid _____ Procure _____ Cash _____ Check# _____ Amount _____

Photograph Release

We may use your child's photograph to post throughout the classroom, on our website or our private Facebook pages. We also occasionally use pictures of our students in our Church publications. On rare occasions, if there is an activity the media covers, they may use pictures in their article. Please sign below if you would allow us the use of photos that may include your child.

- Yes, my child/children's photo may be used
- No, my child/children's photo may not be used

Parent/Guardian's Signature _____ Date _____

Walking/Stroller Permission

During the school year, there are times when the children take walking/stroller trips into the community. Please sign below to give approval to take your child on trips during the school year.

- 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 _____