CHRIST THE KING
EARLY LEARNING CENTER

2026-2027 School Year Enrollment Form

Please inform admin if your child will not attend for the summer months.

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

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

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

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

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

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, are both parent allowed to pick the child/children 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 ELC 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 about membership at Christ the King Church Y or N

Office Use Only: Door Code_____ / Registration Fee / Procare/ _____Check # _____/ Cash_____ Amount_____ Paid_____

PHOTOGRAPH/INFORMATION 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 private Facebook pages. We also occasionally use pictures of our students in our church publications and on their social media. Please sign below if you would allow the use of photos that include your child.

☐ Yes, my child/children's photograph, name and / or project may be published

☐ No, my child/children's photograph, name and / or project may **NOT** be published.

Parent / Guardian's Signature _____ Date: _____

Please acknowledge **CTK ELC's enrollment in IdahoStars and authorize the Child Care Resource Center to access & review our child's files.**

☐ Yes, to IdahoStars

☐ No to IdahoStars

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: _____

SUNSCREEN POLICY AGREEMENT

I give Christ the King ELC permission to apply sunscreen as needed.

☐ Yes, I grant permission for teachers to apply sunscreen as needed.

☐ No, I do NOT grant permission for teachers to apply sunscreen.

Parent / Guardian's Signature _____ Date: _____

Office Use Only: Door Code_____ / Registration Fee / Procare/ _____Check # _____/ Cash_____ Amount_____ Paid_____