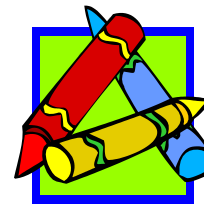


Cape Carteret Presbyterian Preschool
 100 Yaupon Drive
 Cape Carteret, NC 28584
 (252) 393-6348



(Please mark one)

Registering for 3 year old Preschool - Monday-Friday _____

Registering for 4 year old Preschool - Monday - Friday _____

Classroom placement will be based on child's age as of August 31st of current school year.)

Child's name _____ M or F Nickname _____

Address (street, city, and zip code) _____

Child's age _____ Date of Birth _____

Home Phone _____ Email _____

Mother's Name _____ Cell _____

Place of work _____ Work Phone _____

Father's Name _____ Cell _____

Place of work _____ Work Phone _____

Name and ages of siblings _____

Names and phone numbers of those authorized to pick up your child when you are unable to do so, and who we can contact in an emergency situation if unable to contact a parent:

Health/General Medical Information (use an additional page if necessary)

Please share any information regarding health problems, perceived delays in hearing, speech, fine or gross motor skills, behavioral/emotional development, or any outside services administered in order for us to better understand your child. _____

Does your child have any known allergies? (Yes/No) If yes, please explain:

List medications your child takes on a daily basis: _____

Additional Information About Your Child:

Is this your child's first preschool experience: (Yes/No) If no, where did your child previously attend (if other than CCPP)? _____

What are your child's interests and/or favorite things? _____

Does your child have a pet(s)? (Yes/No) If so, please list the type of pet(s) and pet name(s): _____

Other information you might like to share with us about your child: _____

Parent Agreements:

1. Medical: I hereby agree to provide a current and up to date immunization record as per the Childhood Immunization Schedule, and a completed CCPC Preschool Medical Consent Form to CCPC Preschool prior to, or on the first day of preschool.

2. Release of Liability: I do hereby and forever discharge the participants, facilitators, and administrators of the Cape Carteret Presbyterian Church and CCPC Preschool of any and all actions, claims, and demands for or by reason of any damage, loss, or injury which hereafter may be sustained.

3. Fees and Other Charges: I do hereby agree to pay any and all fees incurred as a result of late pick up, late tuition payments, or returned checks.

4. Notice of Withdrawal: I do hereby agree to provide the CCPC Preschool with a 30 day written notice if I intend to withdraw my child from the program prior to the end of the Preschool year. If I fail to provide a 30 day written notice of withdrawal, my account will be charged full tuition for the current month, as well as the following month.

5. Registration Fee: I understand the registration fee is non-refundable.

Parent's Signature

Date

.....

OFFICE USE ONLY: Medical Consent Form _____ Photo Release Form _____

Fee Paid: Registration fee (non-refundable) _____

Tuition _____

Total amount paid _____

Fees paid by check / cash check # _____ Accepted by: _____

Notes: _____

Cape Carteret Presbyterian Preschool

CONSENT FOR EMERGENCY TREATMENT

I hereby give permission for my child/children
to be given emergency treatment (first aid and CPR) by a qualified staff member at Cape
Carteret Presbyterian Preschool.

In an emergency situation, I also give my permission for my child/children to be transported by
ambulance to an emergency center for treatment, and give my permission to Cape Carteret
Presbyterian Preschool to provide a copy of this Consent Form and my child's immunization
record to Emergency Medical Service (EMS) Personnel.

In the event of an emergency situation, and once the child is under EMS care, I understand
that CCPC Preschool will release the care of child to the EMS personnel for medical care.

In the case of an emergency, and if emergency transportation is needed,
I....., agree to pay emergency transportation costs
and I accept liability for all expenses incurred.

Child's Physician:.....Physician's #.....

Physician's address:.....

Preferred hospital:.....

Hospital address:.....Hospital #.....

Medical insurance:.....Policy #

Policy Holder:.....

Child's dentist.....Dentist's #

Dentist's address:.....

Date of last tetanus (or DPT):.....

Allergies:.....

Current Medications:.....

Father's name:.....Contact #.....

Mother's name:.....Contact #.....

Father's signature:.....Date:.....

Mother's signature:.....Date:.....

Cape Carteret Presbyterian Preschool

100 Yaupon Drive

Cape Carteret, NC 28584



PHOTO RELEASE FORM

I give my permission for the Cape Carteret Presbyterian Preschool to use photographs or images of my child,

(Child's name) _____, in any

CCPC Preschool publication or promotional materials. These may include use in printed materials, newspapers, presentations, and on the CCPC Preschool website. I understand that these photos will be used for the sole purpose of promoting or reporting on the CCPC Preschool, and that no child's name will be included on any photograph(s).

Name of Parent or Guardian

Date

Signature of Parent or Guardian

I do not give permission for the use of photographs or images of my child, _____, to be used by CCPC Preschool.

Name of Parent or Guardian

Date

Signature of Parent or Guardian