

Cary Presbyterian Preschool 2021-2022 Application
614 Griffis St., Cary NC 27511

Child's Name _____ M ____ F ____ Birth Date: _____
(last) (first) (MI) (preferred name)

Class in which you would like to enroll _____

In the event that your first choice class is full, would you like us to enroll you in the other age appropriate class and place you on the waiting list for your first choice? _____

FAMILY INFORMATION (Please give names as you want them to appear in the directory)

Child lives with _____

Child's physical address: _____

Primary Phone number to call if needed during school day: _____

Email addresses for anyone who should receive school info: _____

Father/Guardian _____ Cell Phone _____

Where employed _____ Work _____

Address (if different from child's) _____

Mother/Guardian _____ Cell Phone _____

Where employed _____ Work _____

Address (if different from child's) _____

Siblings' names and birthdates _____

Is a language other than English spoken at home? _____ If yes, which language? _____

Are there any custodial issues of which we need to be made aware? _____

Are you members of Cary Presbyterian Church? yes ____ no ____ (information only)

CONTACTS

Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

(Name)	(Relationship)	(Phone Number)
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(Name)	(Relationship)	(Phone Number)
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(Name)	(Relationship)	(Phone Number)
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HEALTH CARE INFORMATION

We require children to be fully immunized to enroll at CPP, unless he/she has a medical exemption.

Is your child fully immunized? yes ____ no ____ If no, please explain:

For any child with health care needs such as allergies, asthma or other chronic conditions that require specialized health services, a medical action plan will need to be turned in prior to starting school. Please notify the office and you will be given the appropriate medical action plan.

List any allergies and the symptoms and type of response required for allergic reactions.

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns.

List any types of medication taken for health care needs.

Share any other information that has a direct bearing on assuring safe medical treatment for your child.

Other helpful information about your child that will help us provide a positive group experience (likes and dislikes, special fears, eating habits, unique behavior characteristics)

What goals do you have for your child as he/she attends CPP?

Has your child had any developmental/speech/behavioral screenings? yes ___ no ___ If yes, please explain

We ask that you provide a copy of the screening results with this application.

EMERGENCY MEDICAL CARE INFORMATION

Child's Doctor _____ Phone _____

Hospital preference: _____ Phone _____

I agree that the Director or her representative may arrange transportation to a medical facility and authorize a physician other than the above-named doctor to provide emergency care to my child in the event that neither parent nor the child's doctor can be contacted immediately. I am aware that the director may not administer any drug or medication without specific instructions from the physician or child's parent/guardian.

(Signature of parent or guardian) (Date)

PERMISSION TO USE PHOTOS

Photographs are taken during preschool hours by the staff. These photos can be used on bulletin boards or for other Cary Presbyterian Preschool activities. We ask for permission to use your child's photo on the web or in our brochure. We also have a private Facebook group that is accessed only by preschool families. We will NOT include children's names with any photo on external media.

_____ I do give my permission for CPP to use photographs that include my child.

_____ I give permission for CPP to use photographs that include my child with the following exception(s)

_____ I do NOT give my permission for CPP to use photographs that include my child.

PARENT VOLUNTEER COVENANT

There will be many opportunities for parents to volunteer in the preschool classrooms. It is our policy that children not be left alone with any ONE parent volunteer, and that volunteers will be supervised by a CPP staff member. In order to protect our students and the program, each parent/guardian who may be volunteering is required to answer the following questions:

1. Have either of you been accused of a crime involving sexual abuse or misconduct? Yes No
2. Have either of you been indicted with or found guilty of a crime involving sexual abuse or misconduct? Yes No
3. Are either of you on any central registry in NC or any other state for acts of child or sexual abuse or neglect? Yes No

If the answer is yes to any of the questions, please explain: _____

A. Parent/Guardian Name: _____ Signature _____

B. Parent/Guardian Name: _____ Signature _____

PARENT/SCHOOL AGREEMENT

Policies: I agree to abide by the policies and procedures outlined in the Cary Presbyterian Preschool Handbook (available on the preschool portion of the church website) and other preschool publications. I understand that it is my responsibility to become familiar with these policies. I have read the state required information within the NC Child Care Laws and Rules, Prevention of Shaken Baby and Abusive Head Trauma Policy and CPP's No smoking/tobacco and smokeless tobacco policy (available on the website/handbook). I also understand that I will be given at least 14 days notice of change to any of the policies set forth by the preschool, prior to implementation of the policy change.

Tuition: The first month's tuition and fees are due **JUNE 1st**, and then tuition is due the first day of each month, October through May, for a total of nine payments. A \$10.00 late fee will be added to payments made after the 10th of the month. No refund of the first month's tuition and fees are given after the 1st of June.

Withdrawal: One month's written notice is required before any withdrawal from the program. Payment for the next month following the withdrawal notice is required whether or not the child attends school. Cary Presbyterian Preschool values all of our students. The director and teachers will work with parents to do everything we can to ensure success within our program. The director and CCM board will determine if there is a need to dismiss a student who is unable to adjust to the classroom environment within a reasonable amount of time due to issues relevant to the safety of the child, classmates, and/or staff. **Falsifying information on the application is also cause for dismissal.** In the event of dismissal, no refund is given.

(Signature of Parent or Guardian)

(Date)

*** Office Use Only ***

_____	\$ _____	_____
Class Placement	Monthly Tuition	Enrollment Date

Registration Fee Paid \$ _____ Check # _____ Date: _____

Application Accepted By: _____ Date: _____
(Cary Presbyterian Preschool Representative)

___ Received CPC Handbook

___ Received Copy of Application

___ Received NC Childcare Laws