

# CPK Enrollment Form

2025/2026

## Personal Information

Child's Full Name:

Nickname, if any:

Date of Birth:

Street Address:

City, State, Zip:

Phone Number:

Gender (Female/Male):

Race:

- Asian or Pacific Islander       Hispanic  
 Black, not Hispanic       American Indian or Alaskan  
 White, not of Hispanic Origin    Bi-Racial ( \_\_\_\_\_ / \_\_\_\_\_ )  
 I prefer not to answer

## Male Head of Household

- Father       Stepfather       Guardian       Other

Name:

Occupation:

Employer:

Address (if different from child's):

Home Phone:

Work Phone:

Cell Phone:

Email Address:

## Female Head of Household

Mother

Stepmother

Guardian

Other

Name:

Occupation:

Employer:

Address(if different from child's):

Home Phone:

Work Phone:

Cell Phone:

Email Address:

## Additional Child Information

Family Church affiliation (if any):

Siblings (Names/Ages):

Does your child have allergies:  Yes  No

If yes do they require an EPI:  Yes  No

Does your child have any special needs and/or health problems? (Please explain):

Are there any special instructions for releasing your child? (Please explain):

***If there are court orders that prevent someone from picking up your child, please submit a copy for your child's file.***

## Policies and Procedures Acceptance

I have read the Parent Handbook (found online at [www.christianpreschoolkindergarten.com](http://www.christianpreschoolkindergarten.com) or received a paper copy from the office) completely and understand and agree to all terms set forth.  Yes

***An affirmative answer is required***

I agree to allow my child to view “G” rated videos/DVDs. (not common)

Yes  No

I agree to allow my child to be photographed for the purpose of classroom projects, classroom bulletin boards, and to be shared with their class through private classroom Facebook pages or other classroom portals.

Yes  No

I agree to allow my child’s photograph to be posted on the Christian Preschool and Kindergarten social media accounts (Facebook, Instagram etc...) for the purposes of celebrating events. No tags or personal information will ever be shared online.

Yes  No

I agree to be included in the class list that is handed out at Parent Night. Information included will be parent’s and child’s first and last names, phone number, and email address.

Yes  No

**Sign or type parent name - serves as an electronic signature**

\_\_\_\_\_

Date \_\_\_\_\_