



# Christ Church Preschool & Kindergarten

1412 Providence Road, Charlotte NC 28207  
Phone 704.333.5818 Fax 704.333.4573  
www.ChristChurchCharlotte.org/cck

*For Office Use Only*

Date Rcvd	_____
Check #	_____
Amount	_____
ProCare	_____

## 2018-2019 Preschool Application

*Deadline: February 2, 2018 at Noon*

**CHILD'S NAME** \_\_\_\_\_  
FIRST MIDDLE LAST

Preferred Name \_\_\_\_\_ Gender F \_\_\_\_\_ M \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Home Phone (\_\_\_\_\_) \_\_\_\_\_

**Father's Name** \_\_\_\_\_  
First Middle Last

Father's Preferred Name \_\_\_\_\_ Father's Email Address \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

Father's Cell Phone

**Mother's Name** \_\_\_\_\_  
First Middle Last

Mother's Preferred Name \_\_\_\_\_ Mother's Email Address \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

Mother's Cell Phone

**PLEASE INDICATE YOUR FIRST AND SECOND CHOICE:**

*Child must turn the age of the respective age group by August 31, 2018*

**Toddlers** \_\_\_\_\_ Monday/Wednesday \_\_\_\_\_ Tuesday/Thursday

**Twos** \_\_\_\_\_ Tuesday/Thursday \_\_\_\_\_ Monday/Wednesday/Friday

**Threes** \_\_\_\_\_ Tuesday - Thursday \_\_\_\_\_ Monday - Thursday

**Fours** \_\_\_\_\_ Monday - Thursday \_\_\_\_\_ Monday - Friday

Does your child have allergies or other medical concerns? \_\_\_\_\_

### Enrollment Priority

Please check all statements that apply to your family. This information will be used to determine enrollment priority as outlined in the Christ Church Preschool and Kindergarten Family Handbook.

1. \_\_\_\_\_ Current Christ Church Preschool & Kindergarten Family
2. \_\_\_\_\_ Current Christ Church Pledging Member
3. \_\_\_\_\_ Former Christ Church Preschool & Kindergarten Family
4. \_\_\_\_\_ Non-Christ Church Member

Christ Church Preschool & Kindergarten does not discriminate with regard to race, creed, color or religion.

**\$100 Application Fee – Please make checks payable to "CCK"**

Refunded if child is not offered a place in the program