



Christ Church Preschool & Kindergarten

1412 Providence Road, Charlotte NC 28207
Phone 704-333-5818 Fax 704-333-4573
www.christchurchcharlotte.org/cck

<i>For Office Use Only</i>	
Date Rcvd	_____
Check #	_____
Amount	_____
ProCare	_____

2019-2020 Preschool Application

Deadline: February 1, 2019 at Noon

CHILD'S NAME _____
FIRST MIDDLE LAST

Preferred Name _____ Gender F ____ M ____ Date of Birth _____

Home Address _____
Street City State Zip

Preferred 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 (1) AND SECOND CHOICE (2):

Child must turn the age of the respective age group by August 31, 2019

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 the statement that applies to your family. This information will be used to determine enrollment priority as outlined in the Christ Church Preschool & Kindergarten Family Handbook.

1. _____ Current Christ Church Preschool & Kindergarten Family & Current Christ Church Pledging Member
2. _____ Current Christ Church Preschool & Kindergarten Family
3. _____ Current Christ Church Pledging Member
4. _____ Former Christ Church Preschool & Kindergarten Family
5. _____ 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"

Please Draft the \$100 Registration Fee (I have an account on file)

Refunded if child is not offered a place in the program