Firetower Location



Afterschool Pickup

Year-Round

Virtual Learning Assistance

Lunch Bunch

Single Day Pickup

Day Camps



1912 East Firetower Road

www.creativeartskids.com

(252) 756-6899

CAK CONTRAC	T 2023-2024					TEACHER	'S INITIALS:
PARENT FULL NAM	E			STREET			
PARENT FULL NAIVI	/			SIKEEI		NC	
DRIVER'S LICENSE	NUMBERS	_		CITY		STATE	ZIP
STUDENT 1		DATE OF BIRTH		SCHOOL		GRADE	DISMISSAL TIME
STUDENT 2		DATE OF BIRTH		SCHOOL		GRADE	DISMISSAL TIME
STUDENT 3		DATE OF BIRTH		SCHOOL		GRADE	DISMISSAL TIME
Afterschool Picl Year Round (Aft Afterschool Par	e (non refundable) kupterschool Pickup + Summe t-time (1-3 days). M T gle Day Pickup (when avail	\$95.00/w r)\$99.00/w W Th F \$80.00/w	reek Dro	Weekly Day Cam eschool Options: Noon Pickup (Lui	no contract) (no contract)		\$50.00/day \$195.00/week \$105.00/week h F \$85.00/week
START PICKING U	JP ON: /	/ 20	or	I'm unsure of the	date, but pick up o	n the first d	ay of school, please.
debit card will als payment without Monday. The Lat PLEASE DON'T WI	card is required to reginate to reginate to make accommodate further notification. We see it is \$5 each time a part of the commodate in the commodate is \$5.00 per section of the commodate in the commodate is \$5.00 per section of the commodate in the commodate is \$5.00 per section of the commodate	ount current due to le prefer cash or che payment is late - ple the event of closure	o improper wecks but will ase include it e due to Covi	vithdrawal. The run a credit/deb	credit or debit ca it card by reques	ard may be	e used to secure
Please run my	card every week		_				
days (and next su then a paid four- the right to term service at any poi PAYMENTS & LAT A \$5.00 Late Fee	ACT You are registeriummer, if selecting Afte week written notice is rainate this contract for int for any reason. TE FEES You pay your is added if payment is lace account in the event	rschool Pickup+Sum equired. Please see any reason without weekly rate every ate - please include i	nmer option) FOUR-WEEK t notice. Cre week, no late it if you pay l	. If you wish to a NOTICE below eative Arts Kids, er than Monday. ate. A valid cred	withdraw prior t for details. Creat Inc. reserves the We accept cash it/debit card is re	o the end tive Arts Kie right to on, checks, acquired to	of this contract, ds, Inc. reserves cancel or refuse and credit cards. register and will
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weeks from the o	TICE Withdrawing you to your intended last dated and withdrawal is given ponsible for paying tuiti	to find the date of	e CAK directo your child's l	r, not to a teach ast day, and tha	er. The CAK dire	ector will co last day fo	ount ahead four
X SIGN HERE - I Agree	e To All The Terms Stated	Above	X Da	te	Directo	or Signature,	/Date
OFFICE USE ONLY							
WHEN RECEIVING A REGISTRATION FORM FROM CLIENT	CREDIT SIGNED	911 SIGNED WAIVER SIGNED	REGFEE P				
-	TERMS SIGNED	TEACHER INITIAL) <u> </u>		
RUN CARD DETAILS	REG FEE	MONTHLY	AMOUNT				

student 1	student 2		student	3	
parent name	email address	mobile phone		phone @	
parent name	email address	mobile phone		phone @	
other emergency contact person	relation	mobile phone		phone	
		- Income of the second			
health care provider (family doctor)		location		phone number	
insurance company covering child 911 Emergency Release: I hereby give my consent for CAK		policy number o call 911 in the event of an emerger		group number ncy. I hereby give my consent t	
ny emergency facility and physi annot be reached. I give my cor			ne event of a	n emergency at which time	
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suyer and student have carefully enter for any injury. The center it for exercise. It is always advissume any responsibility for the hat the center and its personnel	y read this waiver and release, will make no evaluation or re sable to consult a physician be loss, damage or theft, of any	and fully understand it is a commendation whether st efore undertaking a physic property belonging to you	a release of a udents or gue al exercise pr or the stude	Ill liability and damage of the ests are sufficiently physical rogram. The studio does not ent. Buyer and student agre	
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