



Registration Guide for

# Preschool at CAK



# Creative Arts Kids

™



4-hr Morning Program

Full-time or Part-time

Daily Academic Lesson

Daily Arts Lesson



1912 East Firetower Road

[www.creativeartskids.com](http://www.creativeartskids.com)

(252) 756-6899

**Contract for Preschool Morning Program**

**Parent**

Parent Name/s \_\_\_\_\_ Street Address \_\_\_\_\_  
 Driver's License Number/s \_\_\_\_\_ City \_\_\_\_\_ State NC Zip Code \_\_\_\_\_

**Children**

Student 1 \_\_\_\_\_ / / \_\_\_\_\_ Date of Birth \_\_\_\_\_ Potty Training Status \_\_\_\_\_  
 Student 2 \_\_\_\_\_ / / \_\_\_\_\_ Date of Birth \_\_\_\_\_ Potty Training Status \_\_\_\_\_

**Service**

<input checked="" type="checkbox"/>	Registration Fee.....						\$50 per household
<input type="checkbox"/>	Preschool 5 Days.....	<input type="radio"/> M	<input type="radio"/> T	<input type="radio"/> W	<input type="radio"/> Th	<input type="radio"/> F	\$75.00/week
<input type="checkbox"/>	*Preschool 4 Days.....	M	T	W	Th	F	\$65.00/week.. circle your days
<input type="checkbox"/>	*Preschool 3 Days.....	M	T	W	Th	F	\$55.00/week.. circle your days
<input type="checkbox"/>	*Preschool 2 Days.....	M	T	W	Th	F	\$45.00/week.. circle your days

\*Days cannot be switched. \*Attending non-registered days at regular drop-in rates is possible, please let us know beforehand.

**First Day:** (No earlier than Labor Day) \_\_\_\_\_ **Last Day:** (No later than Memorial Day) \_\_\_\_\_  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Credit or Debit Card Requirement**

A credit or debit card is required to register and will be used in the event of a missed payment or to make account current due to staying late or improper withdrawal. We prefer cash or checks but also will run a credit/debit card by request. Please pay in full by the 5th of the month or pay weekly each Monday. The Late fee is \$5 each time a payment is late - please include it in if you pay late.

Name on Card \_\_\_\_\_ Credit/Debit Card Number \_\_\_\_\_  
 X \_\_\_\_\_ Expiration Date \_\_\_\_\_ Billing Zip Code \_\_\_\_\_  
 CAK May Run My Credit Card If My Account Is In Arrears

**Terms - Read Carefully and Sign & Date**

**This is a contract.** You are registering your child (or children) in the Creative Arts Kids Preschool Morning Program for the entire (or remainder of) Creative Arts Kids Preschool Morning Program calendar. CAK agrees to provide a place in our program for your child from the 'First Day' through the 'Last Day' indicated above. If you wish to end this contract prior to the 'Last Day' you indicated, then a paid four-week notice is required. Please see FOUR-WEEK NOTICE below for withdrawal procedure. CAK Preschool Morning Program attendance is limited to individual periods no longer than 4 consecutive hours from 8:00 AM to 12:00 noon CAK reserves the right to cancel this contract at any time for any reason.

**PAYMENTS & LATE FEES** Pay your weekly rate every week, no later than Monday. We prefer cash or checks but will run credit/debit cards as needed. A \$5.00 Late Fee is added if payment is late - please include it if you pay late. A valid credit/debit card is required to register and will be used to balance account in the event of a missed payment or to make account current due to improper withdrawal. See below for withdrawal procedures. Payments will not be prorated or refunded.

**FOUR-WEEK NOTICE** Withdrawing your child prior to the indicated 'Last Day' for any reason requires written notice of withdrawal four weeks prior to you intended last day. On the day notice of withdrawal is received, CAK will count ahead four weeks to find the date of your child's last day, and that day will be the last day for which you will pay. You must submit the written four-week notice to the director of CAK, not to a teacher. You are responsible for paying tuition until the last day of the notice, regardless of your child's attendance.

X \_\_\_\_\_ X \_\_\_\_\_  
**SIGN HERE - I Agree To All The Terms Stated Above** **Date** **Director Signature**

**OFFICE USE ONLY**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid	Check #	Date
<input type="checkbox"/>	<input type="checkbox"/> Run for RegFee	<input type="checkbox"/> Run for 1 Week	<input type="checkbox"/> Run			
<input type="checkbox"/>	<input type="checkbox"/> Run Weekly	<input type="checkbox"/> Run Every 2 Wks	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/> Account Sheet	<input type="checkbox"/> Roll Sheet	<input type="checkbox"/> Email Address			
<input type="checkbox"/>	<input type="checkbox"/> Emergency Sheet	<input type="checkbox"/> Allergy Sheet	<input type="checkbox"/> Put in The Book			

**Emergency**

_____	_____	_____	_____
student 1	student 2	student 3	student 4

parent name	email	mobile phone	phone @
parent name	email	mobile phone	phone @
other emergency contact person	relation	mobile phone	phone @

health care provider (family doctor)	location	phone number
insurance company covering child	policy number	group number

**911 Emergency Release:** I hereby give my consent to CAK to call 911 in the event of an emergency and I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child in the event of an emergency at which time I cannot be reached. I give my consent to transport by ambulance if situation warrants.

X	X	_____
I have read and understand (sign here)	date	director's signature

**Waiver & Release:** You, buyer and student, agree that you are aware that the student is engaging in physical exercise, and the use of equipment, training and instruction, which can be dangerous and cause injury to your child. The student is voluntarily participating in these activities, and buyer and student assume all risk of injury to the student, which may result. Buyer and student hereby waive and release any claim or right to sue the studio, employees, or agents, for injury to the student, which may result. Buyer and student have carefully read this waiver and release, and fully understand it is a release of all liability and damage of the studio for any injury. The studio will make no evaluation or recommendation whether students or guests are sufficiently physically fit for exercise. It is always advisable to consult a physician before undertaking a physical exercise program. The studio does not assume any responsibility for the loss, damage or theft, of any property belonging to you or the student. Buyer and student agree that the studio and its personnel are not responsible for or liable for any such property even if its loss, damage, or theft occurs on or about the studio's facility.

Creative Arts Kids will make no evaluation or recommendation as to whether or not Students or Guests are sufficiently physically fit for exercise. It is always advisable to consult a physician before undertaking a physical exercise program. The studio does not assume any responsibility for the loss, damage or theft, of any property belonging to the student. Buyer and Student agree that the Studio and its personnel are not responsible for or liable for any such property even if its loss, damage, or theft occurs on or about the Creative Arts facility.

X	X	_____
I have read and understand (sign here)	date	director's signature

**Allergies, Medications, Behavior History**

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**Allowed To Pick Up**

_____	_____
_____	_____
_____	_____
_____	_____

**Not Allowed To Pick Up**

_____	_____
_____	_____
_____	_____
_____	_____