



***Love First, Then Teach***

**2026/2027**

## **Cary Presbyterian Preschool New Family Application**

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### **Child Information**

Child's Name: \_\_\_\_\_

Gender:  M  F Date of Birth: \_\_\_\_\_

Class you would like to enroll in:

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If your first-choice class is full, please list your second choice:

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### **Primary Contact Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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### **Secondary Contact Information**

Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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## Family Information

Siblings:  Yes  No

Names and Ages:

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## Emergency Contact Information

*(Two contacts are required)*

Children will be released only to the parents/guardians listed above or to the individuals authorized below. In the event of an emergency, if parents/guardians cannot be reached, CPP has permission to contact the following individuals.

Name	Relationship	Phone Number
1. _____	_____	_____
2. _____	_____	_____
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## Emergency Medical Care Authorization

Preferred hospital in the event of an emergency (name and location required):

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In the event of an emergency, I give CPP staff permission to secure immediate medical attention and treatment for my child if I cannot be reached. I understand that I am responsible for all medical expenses incurred.

Initial here: \_\_\_\_\_

## Health Care Information

**Medical and Immunization Forms** are due on or before the first day of school, and annually on your child's pediatrician visit.

### Immunizations

Children are required to have immunizations to enroll at CPP. Delayed schedules and medical exemptions documented by your pediatrician are acceptable. *CPP does not require COVID-19 or flu vaccinations.*

Is your child fully immunized?  Yes  No

If no, please explain:

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## Allergies and Health Concerns

Children with severe allergies, asthma, or other chronic conditions requiring an EpiPen must submit a **Medical Action Plan**, completed by both the parent and pediatrician, on or before the first day of school.

List any allergies, symptoms, and required responses:

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List any additional health care needs or concerns:

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## All About Your Child

Please share any information that will help us provide a positive preschool experience for your child.

Likes/Dislikes:

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Unique Behaviors:

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Sensory Issues:

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Anything else you would like to share:

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## Permission to Use Photos

Photographs may be taken during preschool hours and shared with families via Google Classroom photo albums. Parents may not share photos from these albums.

I give permission for CPP to include photos of my child in the classroom Google photo album.

Yes  No

I give permission for CPP to include photos of my child on social media and the CPP website.  
(*Children's names will never be included with external photos.*)

Yes  No

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## **Parent Handbook Acknowledgment**

I have read and agree to abide by the policies and procedures outlined in the Cary Presbyterian Preschool Handbook (available on the preschool website).

Parent/Guardian Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

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## **Registration Fees, Tuition, and Withdrawal Policies**

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### **Withdrawal Policy**

A 30-day written notice is required prior to withdrawal from the program.

CPP values all students and works closely with families to support each child's success. If a child is unable to adjust to the classroom environment within a reasonable period, or if concerns arise regarding the safety of the child, classmates, or staff, the Director and Preschool Ministry Board reserve the right to determine dismissal from the program.

Parent/Guardian Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

## **Auto Draft**

We use auto drafts for tuition payments. Please complete the attached form and submit it with your application.

# CPP Monthly Tuition Auto Draft Authorization

Monthly tuition payments are automatically transferred from your checking or savings account directly to **Cary Presbyterian Preschool (CPP)**. This method provides the same ease, confidentiality, and record-keeping advantages as online banking.

Please complete the information below and attach a **voided check**. If you do not have a check, please record your bank information.

Bank Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

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## Registration Fees (Auto-Draft Authorization)

Please auto-draft my account for the following registration fees:

- Enrollment Fee: \$135 (\$100 for second child)
- Playground Fee: \$50
- Tote Bag Fee: \$15

**Total Registration Fees:** \$\_\_\_\_\_

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## Tuition Payments

Please auto-draft my account \$\_\_\_\_\_ **per month** on the following dates:

- **July 1, 2026** (September tuition — *no draft in September*)
- **October 1, 2026 through May 1, 2027** (final payment)

If the 1st of the month falls on a weekend or holiday, the draft will occur on the **next business day**.

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Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_