

2019-2020 KINSTON *Catillion*[®] Registration Card

Guaranteed Enrollment – “Registration Partner” Option:

Name of “Registration Partner” _____

Student’s Name: _____ Girl: _____ Boy: _____

Parent(s): Mother: _____ Father: _____

Address: _____ City: _____ Zip: _____

Grade in August: _____ School in August: _____

Preferred Phone: _____ Alternative: _____

Email Address: _____

Allergy or Other Information: _____

Name/Grade of other children enrolling: _____

Tuition: Make/Mail to: AB Cherry dba CJC/K, 3500 Lakeview Trail, Kinston, NC 28504

**** Online payment option no longer available for Kinston**

- **\$225** if paid in full before **August 31st** – may be made in two installments
- If **\$75 deposit** paid in advance, remaining **balance of \$150** due - **if postmarked by 8/31**
- Please add **\$25 late fee** to all payments **postmarked after August 31st**
- **\$50 discount** for 2 or more children from the same family - **if postmarked by August 31st**

Enrollment & Payment Details

- All registration is processed in the order received or post marked date.
- A confirmation email will be sent upon receiving registration form.
- Students placed on Waiting List will be notified by September.
- Processing Fee of \$25 retained if unable to enroll due to gender balance.
- Balance notification statements will be mailed in August and September.
- Return checks are subject to a \$40 processing fee.
- Refunds will not be issued after 9/30/19.
- \$10 donated to Boys & Girls Club of Lenoir County, in respective child’s name, when form & full payment is received or postmarked by 6/15/19.

YOUNGER Sibling/Legacy Information

Please assist us by providing the following information:

Younger Child's Name _____ Girl: _____ Boy: _____

Birthdate _____ Year entering 5th grade _____

School in 5th Grade: _____

Younger Child's Name _____ Girl: _____ Boy: _____

Birthdate _____ Year entering 5th grade _____

School in 5th Grade: _____

WAIVER

I release from liability the owner, operator, chaperones, marshals, and employees of Carolina Junior Cotillions/Protocol regarding any injuries sustained by my child while in class or under Cotillion's supervision.

I agree to allow my child to be photographed during Carolina Junior Cotillions/Carolina Protocol programs; and agree that these photographs may be used for purpose including, but not limited to, advertising and the promotion of Carolina Junior Cotillions/Carolina Protocol.

Signature _____ Date _____

For Office Use Only

Postmarked Date: _____ Amt Rec: _____ Check # _____

Discount: _____ PC: _____ Sibling name: _____ Amt Due: _____

Date Balance R' cd: _____ Check #: _____ Amt R 'cd: _____

\$25 Late Fee: _____ Enrolled on: _____