

Christ the King Preschool

Registration and Authorization Form

Please fill out the information sheets and attach \$45.00
Registration Fee (payable to CTK Preschool) and return to the
Preschool.

Child's name _____ Male or Female
Child's nickname _____ Date of Birth _____
Child's address _____
City, Zip _____
Home phone _____ e-mail _____
How did you hear about the preschool? _____

Parent/Guardian

1) Name _____ Relationship _____
Address _____ Phone _____
Work phone _____ Cell phone _____
2) Name _____ Relationship _____
Address _____ Phone _____
Work phone _____ Cell phone _____

Child resides with _____

If parent cannot be reached, contact person:

1) Name _____ Relationship _____
Phone _____
2) Name _____ Relationship _____
Phone _____

Child's Doctor _____ Phone _____

List other children and ages in the family _____

Church affiliation_____

Any allergies or health concerns, please describe_____

Would you like information about Christ the King Lutheran Church? _____

Would you like information on baptism?_____

Please give any information concerning your child that would be helpful (fears, likes, dislikes, previous group experiences)_____

What would you like your child to gain from his/her preschool experience?_____

I give permission to use my child's photograph (no name) for educational and promotional purposes for the school. Yes____
No____

In the event of an emergency, I authorize CTK Preschool to provide first aid to my child. Yes____ No____

Signed_____ Date_____