

For office use only
Check # _____
Amount _____
Class _____

1st Class Choice _____

2nd Class Choice _____

Christ the King Lutheran Preschool Student Registration Form for 2011 - 2012 School Year

***** ALL REGISTRATION FEES ARE NON-REFUNDABLE *****

Christ the King Lutheran Preschool is a non-discriminatory Christian preschool. We accept children without regard to sex, race, creed, color or national origin.

Please Print Information Below

Child's Full Name: _____

What name would your child like to be called at school? _____

Child's Date of Birth _____ Sex _____ Church Affiliation _____

Home Address: _____
(Street) (City/State) (Zip) (County)

E-mail address: _____ Home Phone: _____

Mother's Name: _____ Mother's Cell Phone _____

Mother's Employer: _____ Mother's Work Phone _____

Father's Name: _____ Father's Cell Phone _____

Father's Employer: _____ Father's Work Phone _____

Please be sure to advise us of phone number changes during the year!

Names and Ages of Brothers and Sisters:

Does your child have any allergies, food restrictions or health concerns? ____Y or ____N (If yes, please list any allergies, restrictions or concerns below.)

Allergies: (Please list any allergies or food restrictions the school needs to be aware of.)

Physical Conditions: (Please list any concerns or health problems the school should be aware of.)

Certificate of Immunization: Please be advised that an immunization record must be on file for all children by the first day of school. You can obtain the correct form (3231) from your Pediatrician.

Previous School Experience: _____

The information I have given is correct to the best of my knowledge. I have fully read this registration form and understand that the registration fee is non-refundable.

Parent/Guardian Signature: _____

Date ____/____/____

Christ the King Lutheran Preschool

Emergency Release Form

Child's Name _____ Name Called _____

Address _____ City _____ Zip _____

Birth Date _____ Home Phone _____ Cell Phone _____

Authorization for Emergency Medical Attention

In the event of illness or accident that requires immediate medical attention and/or treatment, I understand every effort will be made to contact me and my spouse. In the case of such an emergency, I hereby authorize and give my consent to the Director and Teachers of Christ the King Lutheran Preschool to provide and/or arrange necessary related emergency transportation for my child to the nearest medical facility for immediate care. I authorize them to select medical personnel (including, under the supervision of, and on the advice of a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel) who may order X-rays, routine tests, medical or surgical diagnoses or treatment (including emergency care, hospitalization, anesthesia, surgery, or injections of medication) and to release any records necessary for insurance purposes. I will hold harmless Christ the King Lutheran Preschool, Christ the King Lutheran Church, the Preschool Director and staff, the Preschool Board, and/or any other individuals or agencies associated with this program, for any accident or injury that may occur to my child while attending Christ the King Lutheran Preschool.

Parent/Guardian Signature _____ Date _____

Name of Physician _____ Phone Number _____

Name of Dentist _____ Phone Number _____

Insurance Carrier _____ Policy or Group # _____

Name of Policyholder _____ Employer _____

Please list up to three nearby relatives/friends that you authorize to transport your child home and/or assume temporary care of your child if you cannot be reached.

Emergency/Authorized Pickup 1

Emergency/Authorized Pickup 2

Emergency/Authorized Pickup 3

Name _____

Name _____

Name _____

Home Phone _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Cell Phone _____

Publicity Permission Form

I give permission for my child to be photographed for articles promoting Christ the King Lutheran Preschool. These pictures may appear in newspapers and/or on our website. In posting a photograph or classroom project of a student, Christ the King Lutheran Preschool is careful not to associate a student's full name in such a way that it can be identified with a photograph of the student.

Parent/Guardian Signature _____