CHRIST OUR KING PRESCHOOL

REGISTRATION FORM

Today’s Date:

Please identify appropriate class:

2’s class or 3’s class School year:

Child’s Full Name:

Name child goes by:

Gender:

Date of Birth:

Address:

Zip Code:

Best Contact PHONE #:

EMAIL:

PARENT/GUARDIAN INFORMATION

Father’s Name:

Place of Employment:

Cell Phone: Work Phone:

Mother’s Full Name:

Place of Employment:

Cell Phone: Work Phone:

PERSONAL INFORMATION

Registered Parish:

Did a sibling attend COK Preschool?

Siblings (Names, Ages, and current School):

Allergies:

Medical Conditions of which we should be aware:

Any additional information: