

CHRIST OUR KING PRESCHOOL

REGISTRATION FORM

Please check appropriate class:

2's _____
_____ School year _____

Today's Date _____ 3's

Child's Full Name _____
Name child goes by _____ Gender _____ Date of Birth _____
Address _____ Zip Code _____
Neighborhood/Subdivision _____ PHONE _____
E-mail _____

PARENT/GUARDIAN INFORMATION

Father's Name _____ Place of Employment _____
Work Phone _____ Cell or Pager _____
Mother's Full Name _____
Place of Employment _____ Work Phone/Cell Phone _____

PERSONAL INFORMATION

Parish registered in: _____
Did a sibling attend COK Preschool? _____
Siblings (Names, Ages, and School) _____

Allergies? _____
Medical conditions of which we should be aware? _____
Any additional information ? _____

(office use only) Enrolled _____ Class _____ Reg.Fee (\$50 per family) _____
Sibling _____ Parish _____ Contributing _____ Non-contributing _____
Gender _____ Birth Cert _____ Immun _____

