

Christ the King Preschool
325 Mormon Trek Blvd.
Iowa City, IA 52246
(319) 930-9988
ctkpreschooliowacity@gmail.com



"Beginnings to Last a Lifetime"

REGISTRATION/EMERGENCY FORM

CHILD'S Name _____ Gender _____ DOB _____
Last First Middle

Name you want your child to be called and learn to write _____

CHILD'S Address _____
Street City State Zip

Parent address, if different from child _____ Home Phone # _____

MOTHER'S Name (or Guardian #1) _____ Place of Work _____

Work Days/Hours _____ Work Phone # _____ Cell Phone # _____

Primary Email Address _____ Checked Daily _____ Or Used Infrequently _____

FATHER'S Name (or Guardian #2) _____ Place of Work _____

Work Days/Hours _____ Work Phone # _____ Cell Phone # _____

Marital Status: Married _____ Divorced _____ or Separated _____ Custodial Parent (if applicable) _____

*Permission to put your name/ address/ phone number/ cell phone number on class list: Yes _____ No _____

*Permission for your child to be photographed for use by the preschool in newspapers, web page, or other media. No last name will be used: Yes _____ No _____

Are there any custody or restraining orders for person(s) who may attempt to pick up or have contact with your child while at preschool?
No _____ Yes _____ Name _____

EMERGENCY PERSONS (**3 persons required** for us to contact in case parents are unavailable. These individuals are also authorized to pick up your child:

Name	Home Phone	Cell Phone	Work Phone	Relationship
1. _____				
2. _____				
3. _____				

Additional individuals authorized to pick up your child not listed above:

Name	Home Phone	Cell Phone	Work Phone	Relationship
1. _____				
2. _____				
3. _____				

In the event that my child (listed above) may require emergency medical, surgical, or dental care while I am unable to be reached, I hereby give my **consent to medical and/or surgical treatment** to _____ Hospital and Doctor _____ or his/her designee to provide this care, and **consent for dental and/or dental surgical care** to _____ Hospital and Doctor _____ or his/her designee to provide this care. I agree to pay all costs incurred. This form will be presented upon admission and will be in effect while the child is enrolled in this facility (August 2017 through May 2018).

Child's Doctor Phone # Street Address City

Child or Family Dentist Phone # Street Address City

Date of last Tetanus _____ Medical Allergies _____ Food Allergies (explain below) _____

Present Medication _____ Health Insurance Company _____

SESSION PREFERENCE (List 1st, 2nd, 3rd choices): M/W/F _____ T/Th _____ M-F _____ If your 1st choice class is already filled, your child will automatically be put on the waiting list for that class and will be enrolled in your 2nd choice, unless otherwise specified:

Church Membership: Christ the King Lutheran Church _____ Other (please specify) _____

Has a sibling attended Christ the King Preschool? _____ How did you find out about our preschool? _____

Other children in home:			
Name	Age	Date of Birth	Is your child:
1. _____	_____	_____	Right-handed _____
2. _____	_____	_____	Left-handed _____
3. _____	_____	_____	Unknown _____
4. _____	_____	_____	

Language spoken at home: English _____ Other (please specify) _____

How does your child get along with other children? _____

Previous group experiences (check all that apply & comment if desired): Neighborhood _____

Sunday School _____ Play Group _____
Daycare _____ Preschool _____

Word used for urination _____ bowel movement _____ Special toileting needs _____

Eating problems or food dislikes: _____

Food allergies (please explain in detail): _____

Unusual fears _____

Describe any nervous habits: _____

Child's favorite interests: _____

The above information is correct to the best of our knowledge (both parents' or guardians' signatures required):

Mother's (or Guardian #1) Signature _____ Date _____ Father's (or Guardian #2) Signature _____ Date _____

Mail to:
Christ the King Christian Preschool
Attention: Registrar
325 Mormon Trek Blvd.
Iowa City, IA 52246

***** FOR REGISTRAR'S USE ONLY *****
Date Form Received _____ Fee Enclosed _____ Check # _____ Confirmation Sent _____

Class Session Assigned _____ Choice _____ Priority Registration: CTK member, Returning, Sibling