

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



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## "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 2019 through May 2020).

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 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> choices): M/W/F \_\_\_\_\_ T/Th \_\_\_\_\_ M-F \_\_\_\_\_ If your 1<sup>st</sup> choice class is already filled, your child will automatically be put on the waiting list for that class and will be enrolled in your 2<sup>nd</sup> 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