

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