

CHRIST THE KING PRESCHOOL

5575 Peachtree Parkway

Norcross, GA 30092

770-449-7217

karen.deved@ctkpreschool.org

Child's Full Name _____ Date _____

What name should the child be called at school? _____

Street Address _____

City, State, Zip Code _____

Child's Date of Birth _____ Sex _____ Church Affiliation _____

Home Phone _____ County of Residence _____

Cell Phones/E-Mail Address _____

Mother's Name _____ Mother's Work Number _____

Father's Name _____ Father's Work Number _____

Name of Nanny or Regular Babysitter _____

Subdivision or Apartment Complex _____

(Optional: This information is used to help parents find carpools.)

Names and Ages of brothers and sisters _____

Please list any physical conditions your child may have which our staff should know about in order to better care for and understand your child. Please include allergies

Language other than English spoken at home _____

Do you have medical insurance for your child? _____

In case of accident or emergency on the school grounds or during any school activity involving my child, _____, which in the opinion of school authorities present, requires immediate medical or surgical attention, I hereby grant permission to said school authorities to obtain the services of a physician or Emergency Medical Technicians for treatment and/or transport of my child to the hospital if it is deemed necessary. I understand that every effort will be made to contact the parents first.

Date

Signature of Parent or Guardian

Please list any talents, hobbies or special occupations that you might like to share with the children as a visitor to the classroom. _____

Would you be interested in being a substitute teacher in one of our classrooms? _____

Other than the parents, the following people are allowed to pick up my child:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Please list EMERGENCY CONTACTS for us to call in the event we are unable to locate the parents or guardians. These persons would have permission to pick up your child from school in the event of illness or emergency. If we are unable to contact you, the following people should be called:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

CLASSES

The Preschool reserves the right to cancel a class if there are not enough students to fill it. In that case, the Registration Fee will be refunded. Otherwise the Registration Fee is non-refundable. Check class desired:

_____ Monday-Friday (5 days) Kindergarten Readiness Class (Has completed a Four-Year-Old Class)

_____ Monday – Friday (5 days) Four Year Old Pre-Kindergarten (Must be 4 by Sept. 1)

_____ Tuesday-Friday (4 days) Four Year Old Pres-Kindergarten (Must be 4 by Sept. 1)

_____ Monday-Wednesday-Friday Young Fours Class (Must turn 4 between Sept. 1 and Dec. 31)

_____ Monday-Wednesday-Friday Three Year Old Class (Must be 3 by Sept. 1)

_____ Tuesday-Thursday Three Year Old Class (Must be 3 by Sept. 1)

_____ Monday-Wednesday-Friday Young Three Class (Must turn 3 between Sept. 1 and Dec. 31)

_____ Tuesday-Thursday Two Year Old Class (Must be 2 by Sept. 1)

_____ Mother’s Morning Out (MMO), M/Tu/W/Th/Fri (Must be 15 months old by Sept.1)

Christ the King Preschool does not discriminate on the basis of race, sex, religion, and national or ethnic origin.

PLEASE MAKE YOUR DECISION TO REGISTER WITH PRAYER AND CAREFUL CONSIDERATION BECAUSE REGISTRATION FEES ARE NON-REFUNDABLE.

