

For office use only
Check # _____
Amount _____
Class _____

Date \_\_\_\_\_

1st Class Choice \_\_\_\_\_

2nd Class Choice \_\_\_\_\_

## Christ the King Lutheran Preschool Student Registration Form for 2024-2025 School Year

**\*\*\* ALL REGISTRATION FEES ARE NON-REFUNDABLE \*\*\***

Christ the King Lutheran Preschool is a non-discriminatory Christian preschool. We accept children without regard to sex, race, creed, color or national origin.

Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Church Affiliation \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street) (City/State) (Zip) (County)

Lives With: \_\_\_ Mother \_\_\_ Father or Other \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Authorized to Pick up Child (Y or N)? \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Authorized to Pick up Child (Y or N)? \_\_\_\_\_

Names and Ages of Brothers and Sisters: \_\_\_\_\_

**Does your child have any allergies, food restrictions or health concerns?** \_\_\_Y or \_\_\_N (.)

**Allergies:** (If yes above, please list any allergies, restrictions or concerns that the school needs to be aware of.)

**Physical Conditions:** (Please list any concerns or health problems the school should be aware of.)

**Is your child currently receiving services or therapies through the county or a private service? (i.e. Babies Can't Wait, speech therapy, physical therapy, etc.). If yes, please provide details.**

Previous School Experience: \_\_\_\_\_

The information I have given is correct to the best of my knowledge. I have fully read this registration form and understand that the registration fee is non-refundable. I understand that CTK Preschool is not licensed by the State of Georgia Bright From The Start and is not required to be licensed.

Parent/Guardian Signature: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Christ the King Lutheran Preschool Emergency Release Form

Child's Name \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone \_\_\_\_\_ Primary Cell Phone \_\_\_\_\_

### Authorization for Emergency Medical Attention

In the event of illness or accident that requires immediate medical attention and/or treatment, I understand every effort will be made to contact me. In the case of such an emergency, I hereby authorize and give my consent to the Director and Teachers of Christ the King Lutheran Preschool to provide and/or arrange necessary related emergency transportation for my child to the nearest medical facility for immediate care. I authorize them to select medical personnel (including, under the supervision of, and on the advice of a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel) who may order X-rays, routine tests, medical or surgical diagnoses or treatment (including emergency care, hospitalization, anesthesia, surgery, or injections of medication) and to release any records necessary for insurance purposes. I will hold harmless Christ the King Lutheran Preschool, Christ the King Lutheran Church, the Preschool Director and staff, the Preschool Board, and/or any other individuals or agencies associated with this program, for any accident or injury that may occur to my child while attending Christ the King Lutheran Preschool.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy or Group # \_\_\_\_\_

Name of Policyholder \_\_\_\_\_ Employer \_\_\_\_\_

**THE PARENTS/GUARDIANS LISTED ON THE REGISTRATION FORM WILL BE AUTHORIZED TO PICK YOUR CHILD UP FROM SCHOOL UNLESS YOU INDICATE OTHERWISE.** Please list up to three **other** nearby relatives/friends that you authorize to transport your child home and/or assume temporary care of your child if you cannot be reached.

#### Emergency/Authorized Pickup 1

#### Emergency/Authorized Pickup 2

#### Emergency/Authorized Pickup 3

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

## Publicity Permission Form

I give permission for my child to be photographed for articles promoting Christ the King Lutheran Preschool. These pictures may appear in newspapers and/or on our website. In posting a photograph or classroom project of a student, Christ the King Lutheran Preschool is careful not to associate a student's name in such a way that it can be identified with a photograph of the student.

Parent/Guardian Signature \_\_\_\_\_