

Date _____

For office use only
Check # _____
Amount _____
Class _____

Class Entering / Age as of Sept 1, 2026 _____

**** 3's and 4's must be fully potty trained**

Christ the King Lutheran Preschool Student Registration Form for 2026-2027 School Year

***** REGISTRATION FEE IS \$270 AND IS 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

Name _____
Relationship _____
Home Phone _____
Cell Phone _____

Emergency/Authorized Pickup 2

Name _____
Relationship _____
Home Phone _____
Cell Phone _____

Emergency/Authorized Pickup 3

Name _____
Relationship _____
Home 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 _____