

Christ Lutheran Kindergarten and Preschool

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502-267-5082 clkindergarten@bellsouth.net
www.christlutheranpk.org

office use only:

Registration 2020 - 2021

WTF			JK	M - F		
MT	3	TF		M	4	W
6	7	8		6	7	8

Child's Name _____ Child is called _____
Boy _____ Girl _____ Date of Birth: Month _____ Day _____ Year _____
Address _____ Zip Code _____
Telephone Number _____ e-mail _____

Emergency Telephone Number (relationship) _____

Father's Name _____

Father's Occupation _____

Mother's Name _____

Mother's Occupation _____

Siblings - Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Local Church affiliation of parents _____

Has child been to preschool before Yes ___ No ___ Where _____

Health and/or other conditions of which the school should be aware _____

Allergies - No ___ If yes, name _____

Bathroom Problems? _____

Name of your child's doctor is _____

address _____

telephone _____

If parents cannot be reached in case of an accident, may we have permission to obtain emergency services for your child? Yes/No (Please Circle)

Hospital Preference _____

Parents Signature _____

Additional information: Please note anything that will be of assistance in helping us help your child. (use reverse side if needed) _____