

# Christ Lutheran Kindergarten and Preschool

9212 Taylorsville Rd. Louisville, Ky. 40299

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www.christlutheranpk.org

office use only

**Registration 2017 - 2018**

**KP**

M - F

on line copy

MT **3** TF

6 7 8

M **4** W

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 \_\_\_\_\_

Sibling's - 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?

Parents Signature \_\_\_\_\_

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