

CHILDREN OF CHRIST PRESCHOOL

Christ the King Lutheran Church
600 First Avenue North; Altoona, Iowa 50009
(515) 967-3349

REGISTRATION FORM

Date _____
(Current date)

Class: M / W / F or Tue / Thurs or M thru F
(circle one)

Child's Name _____ Sex _____
Last First Name preferred

Birth Date _____ Telephone _____

Address _____ Zip Code _____

Father's Name _____ Address _____ Telephone _____

Father's Place of Employment _____ Occupation _____ Business Telephone _____

Mother's Name _____ Address _____ Telephone _____

Mother's Place of Employment _____ Occupation _____ Business Telephone _____

Sitter's Name _____ Address _____ Telephone _____

E-mail contact _____ (H) _____ (W)

Parent's Marital Status: (circle one) Married Divorced Separated Single

Other children in the home:

Name	Age	Name	Age
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

Parent's Church Affiliation _____

Address of Church _____

Would you like more information about Christ the King Church? _____

Is your child baptized? _____

Does your child have allergies? (Explain please) _____

PLAY AND SOCIAL DEVELOPMENT

How does he/she get along with other children?

Are his/her playmates Girls? Boys? Younger? Older? None? (circle all that apply)

What is the usual size of neighborhood play group? _____

Previous group experience - Day Care _____ Sunday School _____ Play Group _____

PERSONALITY AND EMOTIONAL DEVELOPMENT

Do you regard your child as affectionate? _____

If so, to whom? _____

Does he/she accept new people easily? _____

What are your child's fears? _____

Is he/she usually happy? _____

What nervous habits does he/she have? _____

DISCIPLINE

When you find it necessary to discipline your child, what methods do you use?

OTHER INFORMATION

What do you expect your child to gain from our Preschool? _____

**** Referred to Preschool by**

Give any further information that you believe will be helpful to us in understanding your child.
(Example: any physical limitations) _____

**CHRIST THE KING LUTHERAN CHURCH
"CHILDREN OF CHRIST PRESCHOOL"**

MEDICAL REPORT

Present Date: _____

Child's Name _____ Sex _____
Last First Middle

Address _____ Birthdate _____
month / day / year

Mother's Name _____ Father's Name _____

Family Doctor _____ Phone No. _____

Clinic _____ Phone No. _____

PAST DISEASES, HOSPITALIZATIONS, IMMUNIZATIONS:

<u>DISEASE</u>	<u>DATE CONTRACTED</u>	<u>DISEASE</u>	<u>DATE CONTRACTED</u>
Chicken pox	_____	Pneumonia	_____
Whooping cough	_____	Influenza	_____
Measles	_____	Scarlet fever	_____
Asthma	_____	Hay fever	_____
Mumps	_____	Diabetes	_____
Epilepsy	_____	Rubella	_____
Rheumatic fever	_____	Colds (susceptible?)	yes _____ no _____
Tuberculosis	_____	Allergies	yes _____ no _____
Tuberculin test	Date _____ Pos _____ Neg _____	If Yes, list: _____	_____

PHYSICAL EXAMINATION

(PLEASE MARK NORMAL OR NEGATIVE)

Appearance _____	Ears _____	Hernia _____
Posture _____	Nose _____	Back _____
Nutrition _____	Throat _____	Extremities _____
Development _____	Lymph Nodes _____	Blood Pressure _____
Neurological _____	Thyroid _____	Urine Analysis _____
Speech Defect _____	Heart _____	Hemoglobin _____
Skin _____	Lungs _____	Height _____
Hair & Scalp _____	Abdomen _____	Other _____

I find this child to be free of any condition, disease, or disability which would indicate that this child should not participate in a group child day care center or preschool program, including indoor and outdoor, large and small muscle activities. Allergies, restrictive condition, medication or other precautions and recommendations are listed below:

Date of most current physical examination: _____

Physician's Signature _____ Date _____

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"Children of Christ Preschool"

RELEASE CONSENT

I, _____, understand that certain personal information is considered private by law and is to be kept confidential in the school files.

Therefore, I give Children of Christ Preschool permission to let my child be photographed for use by the center in church or newspapers or other media for the purpose of publicity, advertisements, or programs; to print and hand out my family name, address, and phone number on a class list for all the parents of the children in my child's class. (This information may be used as a help to me and the other parents in securing rides to preschool, setting up parties outside of school time, or trading turns for snacks for school.)

Parent Signature

Date

(Parent - Keep this section)

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SESSIONS	AGES	TUITION
Mon/Wed/Fri	4 & 5 year olds	\$95.00/Month
Tues/Thurs	3 & 4 year olds	\$80.00/Month
*Mon-Fri	old 4 & 5 year olds	\$150.00/Month

HOURS

9:00 - 11:30 AM

REGISTRATION

\$30.00

(Paid at registration and is non-refundable)

Preschool/Church 967-3349

NOTE: If plans change regarding your child's attending preschool here - please let us know so that another preschooler may be enrolled. Thank you.

*Continuation of class will be dependant upon number of children attending.