

**CHRIST OUR KING
MOUNT PLEASANT SC**

PRE-SCHOOL REGISTRATION FORM

Please check appropriate class

2's _____

3's _____

School Year _____

Today's Date _____

Child's Full Name _____

Name child goes by _____ Gender _____ Date of Birth _____

Address _____ Zip Code _____

Neighborhood/Subdivision _____ Phone _____

E-Mail _____

PARENT/GUARDIAN INFORMATION

Father's Name _____

Place of Employment _____

Work Phone _____ Cell/Pager _____

Mother's Full Name _____

Place of Employment _____

Work Phone _____ Cell/Pager _____

PERSONAL INFORMATION

Name of Parish where you are Registered _____

Did a sibling attend COK preschool? _____

Siblings (Names, Ages and School) _____

Medical conditions of which we should be aware? _____

Any additional information? _____

OFFICE USE ONLY

Enrolled _____ **Class** _____

Reg. Fee (\$25 per family) _____ **Sibling** _____

Parish _____ **Contributing** _____ **Non-Contributing** _____

Gender _____ **Birth Certificate** _____

Immun _____