

**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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**OFFICE USE ONLY**

**Enrolled** \_\_\_\_\_ **Class** \_\_\_\_\_  
**Reg. Fee (\$50 per family)** \_\_\_\_\_ **Sibling** \_\_\_\_\_  
**Parish** \_\_\_\_\_ **Contributing** \_\_\_\_\_ **Non-Contributing** \_\_\_\_\_  
**Gender** \_\_\_\_\_ **Birth Certificate** \_\_\_\_\_  
**Immun** \_\_\_\_\_