

**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 \_\_\_\_\_

Are you an active contributing member of your parish? \_\_\_\_\_

Did a sibling attend COK preschool? \_\_\_\_\_

Siblings (Names, Ages and School) \_\_\_\_\_

Siblings currently attending COK-SM (Name & Grade) \_\_\_\_\_

Medical conditions of which we should be aware?(We do not have a nurse on staff.) \_\_\_\_\_

Any additional information? \_\_\_\_\_

- ☐ By checking this box, I understand that my child must be immunized in accordance with the immunization requirements and the guidelines of the Diocese of Charleston and the SC Department of Education to attend the 2's and 3's preschool programs COK Preschool.
- ☐ By checking this box, I understand that my child must be fully potty trained to attend the 3's program.

**OFFICE USE ONLY**

Enrolled \_\_\_\_\_ Class \_\_\_\_\_

Reg. Fee (\$150 per family) \_\_\_\_\_ Sibling \_\_\_\_\_

Parish \_\_\_\_\_ Contributing \_\_\_\_\_ Non-Contributing \_\_\_\_\_

Gender \_\_\_\_\_ Birth Certificate \_\_\_\_\_

Immunization Record \_\_\_\_\_