



Oak Knoll Christian Preschool & Child Care

Registration Form

600 Hopkins Crossroad Minnetonka, MN 55305 Ph. 952.334.8200 Email: preschool@oklutheran.org

Child's Name _____ Nickname _____

Birth Date ___/___/_____ Age on Sept.1st ___years ___mos. Sex: ___ Male ___ Female

Home address _____

Home Phone _____

Preschool ONLY (Note: Children must be potty trained in the Butterfly classroom.)

___ 2 & 3 year old Ladybug Class 9:30-12:00 Select which days your child will attend **M, W, F** or **T, TH**

___ 3 & 4 year old Butterfly Class 9:30-12:00 Select which days your child will attend **M, W, F** or **T, TH**

___ 4 & 5 year old Owl Class 9:30-12:00 Select which days your child will attend **M, W, F** or **T, TH**

___ Interested in Preschool M-F

___ Interested in Early Start if space is available (\$10 per hour) Select desired days **M, W, F** or **T, TH**

___ Interested in Lunch Bunch if space is available (\$10 fee) Select desired days **M, W, F** or **T, TH**

Child Care (includes Preschool) Hours 7:30-5:00

Check which days your child will attend **M T W TH F** Hours Attending: _____ to _____

Parent/Legal Guardian Information:

Name _____ Occupation _____

Work address _____ Work hours _____

Work phone _____ Cell phone _____

Email _____

Parent Legal Guardian Information:

Name _____ Occupation _____

Work address _____ Work hours _____

Work phone _____ Cell phone _____

Email _____

Social Development:

Has your child had previous group experience? Yes No

If so, where? _____

How well does he/she get along with other children? _____

Social behavior (Please check all that apply). Shy Friendly Cautious Outgoing

Are there any handicaps or problems requiring special attention that the staff should be aware of?

What do you expect for your child(ren) from preschool? _____

Home Environment:

Child lives with both parents father mother other

Children in the family (Names and ages)

What language(s) are spoken in the home: _____

Is there anything unique about your family you would like to share? _____

Child is left handed right handed Not Sure

Child's favorite play activity: _____

Child's favorite toys: _____

Emotional Behavior (Check all that apply)

- | | | | |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Excitable | <input type="checkbox"/> Easily Angered | <input type="checkbox"/> Whining |
| <input type="checkbox"/> Crying | <input type="checkbox"/> Happy | <input type="checkbox"/> Cheerful | <input type="checkbox"/> Stubborn |
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Quiet | <input type="checkbox"/> Independent | <input type="checkbox"/> Active |
| <input type="checkbox"/> Fights often | <input type="checkbox"/> Temper tantrums | <input type="checkbox"/> Gives in easily | <input type="checkbox"/> Wants own way |

What behavior do you consider the most difficult to deal with? _____

Developmental Areas:

Please write comments in each category to help us understand your child.

Speech/Language _____

Physical Development _____

Self Help Skills _____

Attention Span _____

Behavior Concerns _____

Potty Training (Note: Children must be potty trained to attend the Butterfly & Owl Classroom, Ladybug children do not need to be potty trained.)

Child's words for Urinating _____ Child's words for Bowel movement _____

Any concerns in this area? _____

Medical (Please note that if any allergy is listed on your child's health care summary, we will need a completed allergy care plan on file at school.)

Does your child have any allergies or sensitives? _____

Does your child take any medications regularly? _____

Will we need to administer medication at school? _____

Any other information that would be helpful for us to know about your child?

We publish a parent directory each year. Please select one of the following:

Yes, I wish to be included in the directory.

I would prefer not to be included.

By signing below, I authorize the program administrators and teaching staff who work directly with my child to have access to all information in my child's file.

Parent/ Legal Guardian signature

Date