Oak Knoll Christian Preschool & Child Care Registration
600 Hopkins Crossroad • Minnetonka, MN 55305
(952) 334-8200 • Email: preschool@oklutheran.org

Child's name _____ Nickname _____

Birth date _____ Sex: ___ Male ___ Female

Home address _____

Home phone _____

PRESCHOOL ONLY ***children must be potty trained in the Butterfly classroom***

____2 & 3 year old Ladybug Class 9:30-12:00 Circle days your child will attend **M, W, F** or **T, TH**

____3 & 4 year old Butterfly Class 9:30-12:00 Circle days your child will attend **M, W, F** or **T, TH**

____4 & 5 year old Owl Class 9:30-12:00 Circle days your child will attend **M, W, F** or **T, TH**

____Interested in Preschool M-F

____Interested in Early Start if space is available ($12 per hour) Circle desired days **M, T, W, TH, F**

Desired start time for Early Start _____ e.g. 8:00

____ Interested in Lunch Bunch if space is available ($12 fee) Circle desired days **M, T, W, TH, F**

CHILD CARE (includes Preschool) Hours 7:30-5:00

Circle 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 _____

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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 circle 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 (Circle all that apply)

Calm	Excitable	Easily Angered	Whining
Crying	Happy	Cheerful	Stubborn
Cooperative	Quiet	Independent	Active
Fights often	Temper tantrums	Gives in easily	Wants own way

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

_____

DEVELOPMENTAL AREAS (Your comments help us understand your child)

Speech/Language _____

Physical Development_____

Self Help Skills_____

Attention Span_____

Behavior Concerns_____

POTTY TRAINING ****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

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?

_____

_____

_____

_____

CHURCH AFFILIATION (Circle all that apply) ***All Faiths Are Welcome**

OKLC Member

Other:_____

No Church Membership At this Time

Looking for a Church Home

_____

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