



A Service of

OUR REDEEMER
LUTHERAN CHURCH



Christian Teaching ... Academic Preparation ... Training for Life

2025 - 2026 King's Kids Preschool Application

Child's Name: _____ Date of Birth: _____

Physical Address: _____

Mailing Address _____

Email: _____

Church Affiliation: _____

Is your child baptized? _____ If baptized, when? _____

Parent/Guardian: _____

Parent/Guardian: _____

Home/Cell Phone: _____

Home/Cell Phone: _____

Employer: _____

Employer: _____

Employer's Phone: _____

Employer's Phone: _____

Medical and Emergency Information

Allergies: _____

Foods your child should not eat: _____

Special Needs/Disabilities: _____

Medications: _____

Child's Doctor and Clinic: _____ Clinic Phone: _____

Please provide any information you feel would be helpful to your child's teacher: _____

In case of an emergency, illness, or accident, King's Kids Preschool will **first try to contact the parents/guardians**. Please provide two additional emergency contacts for us to use in the event we cannot reach you.

Contact: _____ Phone: _____ Relationship: _____

Contact: _____ Phone: _____ Relationship: _____

Student's family:

Sibling's Name: _____

Age: _____

Sibling's Name: _____

Age: _____

Sibling's Name: _____

Age: _____

Would you be willing to help with your child's class? YES NO

If so, what days? _____

Do you or other family members have any special talents or hobbies to share with the children?
(Music, collections, farm animals, unique pets, etc)

How did you hear about our Preschool? _____

King's Kids Preschool takes lots of photos of our students to record their activities, accomplishments, and fun moments during the school year. We are proud of our Preschool and would like to use some of those photos to help tell the parents of future students and others about King's Kids Preschool. Photos may also be used in social media, on our website, and church publications.

_____ I give permission

_____ I DO NOT give permission

To Our Redeemer Lutheran Church/King's Kids Preschool to use my student's photographic likeness in print and/or electronic form in the ways described above. By agreeing to this photo release, I waive any rights of compensation or ownership of the photos.

I have read the King's Kids Preschool Handbook and agree to abide by the policies outlined therein.

Signature of Parent/Guardian

Date

I prefer my child to attend *(we will do our best to accommodate this request, but placement is based on teacher/student ratio)*

___ Monday, Wednesday, Friday (**\$325**)

___ Tuesday, Thursday, Friday (**\$325**)

_____ All Week (**\$400**)

To be completed by King's Kids Preschool:

\$ _____ **\$150** Registration Fee (non-refundable)

Student will be attending:

\$ _____ 1st month's tuition

M/W/F T/TH/F All Week

\$ _____ **Total Due with Registration Form**

Paid \$ _____ by Check # _____ or CASH

2024 - 2025 King's Kids Preschool Application Insert

Getting to Know Your Child

1. Words that describe your child: _____

2. What are your child's favorite things? _____

3. Who lives at home with your child? _____

4. Does your child have any pets? _____

5. What do you want your child to get out of this school experience? _____

6. Does your child have a medical or developmental diagnosis? If yes, please describe:

1. Do you have any concerns about child's development in any of the following developmental areas?
If yes, please describe:

Cognitive: _____

Social/Behavioral: _____

Fine Motor: _____

Gross Motor: _____

Speech/Language: _____

2. Does your child receive any services? If yes, please describe:

3. Is there anything else about your child, your family, or your home that we should know?

Thank you for taking the time to fill out this form, it helps us better know your child and their needs.