



STUDENT REGISTRATION

640 Seventh Street West, PO Box 2005
Columbia Falls, Montana 59912
(406) 892-0070
www.ourredeemerlc.org/kingskids

A Service of **OUR REDEEMER**
LUTHERAN CHURCH 

Child's Name: _____

Physical Address: _____

Mailing Address: _____

Child's Date of Birth: _____
Is your child baptized? _____

Church Affiliation: _____
If baptized, when? _____

Parent/Guardian: _____
Home/Cell Phone: _____
Employer: _____
Employer's Address: _____
Employer's Phone: _____

Parent/Guardian: _____
Home/Cell Phone: _____
Employer: _____
Employer's Address: _____
Employer's Phone: _____

Does your child attend Daycare? YES NO
If YES - Name: _____ Phone: _____
 Address: _____

Who will be picking up your child? _____

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? _____

Would you be willing to help on party days? YES NO
Do you, other family members, or friends 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? _____

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** and then emergency contact.

First Contact: _____ Phone: _____ Relationship: _____

Second Contact: _____ Phone: _____ Relationship: _____

Please provide a current copy of your child's immunization record.

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:

_____ Monday, Wednesday, Friday

_____ Tuesday, Thursday, Friday

_____ All Week

To be completed by King's Kids Preschool

\$_____ Registration Fee (non-refundable)

\$_____ 1st month's tuition (non-refundable)

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

Paid \$_____ Check #_____ Cash_____

Student will be attending:

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

Photo Release

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.

We would like your permission to use your student's photo to illustrate what students learn, do, and accomplish at King's Kids Preschool in one or more of the following ways:

- On our website at www.ourredeemerlc.org
- On flyers or brochures describing King's Kids Preschool
- In church publications at Our Redeemer Lutheran Church

I 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.

Student's Name (print): _____

Parent/Guardian's Name (print): _____

Parent/Guardian's Signature: _____

Date: _____