



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

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.

Signature of Parent/Guardian

Date

I prefer my child to attend:

_____ Monday, Wednesday, Friday
(\$200 per month)

_____ Tuesday, Thursday, Friday
(\$200 per month)

_____ All Week
(\$225 per month)

To be completed by King's Kids Preschool:

\$ _____ 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