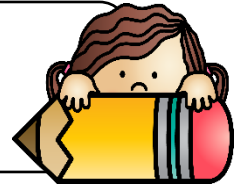


Enrollment Date: _____

Information Update Only: _____



Kingdom Kids Preschool



2024-2025 Registration Form

REGISTRATION FEE:

\$35 PER CHILD (NON-REFUNDABLE) FOR SUMMER

\$65 PER CHILD (NON-REFUNDABLE) FOR SCHOOL YEAR

Child: _____ Birthdate: __/__/__ Sex: M__ F__

Child's Address: _____

Full name of Mother: _____ Email _____

Mother's Address: Same _____

Home Phone: _____ Work Phone: _____ ext. _____ Cell Phone: _____

Place of work: _____ Hours: _____ Contact 1st

Full name of Father: _____ Email _____

Father's Address: Same _____

Home Phone: _____ Work Phone: _____ ext. _____ Cell Phone: _____

Place of work: _____ Hours: _____ Contact 1st

Emergency Contacts

Minimum 2 contacts, other than parents, to contact in case of emergency/authorized to pick up child:

1. Name: _____ 2. Name: _____

Relationship to child: _____ Relationship to child: _____

Cell Number: _____ Cell Number: _____

Other Person(s) Authorized to pick up child:

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Child's Physician: _____ Phone Number: _____

Does your family attend church? ____, If yes, where? _____

School Hours and Programs (Please check all that applies)

Summer 2024_____

School Year 2024-2025_____

Preschool & Summer Hours: 8:10am until 3:10pm

Extended Hours: Early Care 7:20-8:10 Late Care 3:20-5:00

Please check the days your child will attend _____ Monday _____Wednesday

Extended Care: _____Early _____ Late _____ Both

PARENT SIGNATURE AND DATE

KK DIRECTOR SIGNATURE

Child's Health Information and History

Health Plan _____ Group#: _____ ID#: _____

Child's Doctor: _____ Phone: _____

Are your Child's immunizations up to date? Yes () No ()

Note: attach a copy of immunization record if not enrolled in public school yet (for school year program only).

If not up to date, please explain: _____

Does child have any known health problems? Yes () No () (If yes attach documentation)

Does your child have any special needs? _____

Please list any serious prior injuries: _____

Does your child have any know allergies? Yes () No () If yes, what are they and what are your child's reactions:

Does your child take any medication on a regular basis? Yes () No () If yes please list the name of the medication(s) and the medical condition for which it is taken:

Does your child have any speech, hearing or visual problems? Yes () No ()

Has your child ever been tested for the above? Yes () No ()

Please comment on any other medical information/or special need the childcare provider should be aware of:

Medication and Emergency Care Authorization

I authorize, Kingdom Kids Staff, to administer the medications authorized below as deemed necessary by staff for the comfort and well-being of my child. Medications will be administered in the dosages recommended for my child's age and weight. This authorization is in effect my child is enrolled, unless revoked by me and I understand that I will be contacted before my child has given any medication.

(Please cross off any item you would prefer not to be used)

- Yes No I authorize use of typical first aid supplies including but not limited to Neosporin, anti-bacterial spray, cortisone, sunburn treatments, band-aids, and liquid Band-Aids.
- Yes No I authorize use of preventative supplies, such as sun block, bug repellent, hand lotion, diaper rash cream, etc.
- Yes No I authorize use of pain relievers such as acetaminophen or ibuprofen.
- Yes No I authorize use of children's stomachache remedies, such as children's Pepto.

NOTE: Basic medications are kept on premises in a locked safe. If you would like your child to take a specific brand of medication, please provide it. Medications will be labeled with your child's name and kept locked. Prescription medications will require separate authorizations for each occurrence and must be sent to school in the original prescription bottle.

I authorize, Kingdom Kids Staff, to obtain the following services for this child if necessary:

Physician, Emergency Room, EMS and/or Ambulance transport in the event of an emergency. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian).

Comments/Exceptions: _____

Water Play Authorization

Please be informed that water play is an activity and thus permission is required for children to participate in these activities. We participate in water activities throughout the year which includes but is not limited to water table, water balloons/guns, sprinkler, and wading pool.

- I authorize my child to participate in ALL water/swimming activities offered.

Except: _____

- I do NOT authorize my child to participate in ANY water/swimming activities.

Photo Authorization

Photographs and videos are taken on separate occasions such as birthdays, holidays, special occasions as well as in the normal course of our day. We use these pictures/videos for teaching, sharing information about their day, arts & crafts, albums, class books, pictures and various other things. Photos which may include my child may be given to families who also attend this program or may appear in the newspaper unless otherwise noted by you.

Please mark the appropriate box(s):

- I give permission to, Kingdom Kids Staff, to take photographs/videos of the above-named child(ren). Photos used in classroom only or given to parents as a remembrance of their child's year (including other families in the program).

In Addition:

- I give permission for photos/videos to be posted on our Facebook or Blog (to share your child's day).
- I give permission for my child's photo to be used on printed marketing materials (pamphlets, flyers, etc.)

OR

- I do NOT want any photos/videos taken of my child.

