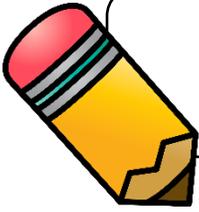


Enrollment Date: \_\_\_\_\_

Information Update Only: \_\_\_\_\_



# Kingdom Kids Preschool



## Registration Form

PLEASE COMPLETE AND RETURN WITH THE 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 1<sup>st</sup>

Full name of Father: \_\_\_\_\_ Email \_\_\_\_\_

Father's Address:  Same \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext. \_\_\_\_ Cell Phone: \_\_\_\_\_

Place of work: \_\_\_\_\_ Hours: \_\_\_\_\_ Contact 1<sup>st</sup>

### 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**

Preschool 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

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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.

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 ( )

\_\_\_\_\_

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

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## 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.

Additional information, notes or agreements made between this program and parents or guardians:

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(Date)

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(Signature of parent/guardian)

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(Date)

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(Signature of parent/guardian)