



KINGDOM KIDS

Application

Office Use Only 2019

Enrollment Registration

_____ 2 day program

_____ 3 day program

_____ 5 day program

Paid Check # _____

Child's Name: _____

Name goes by: _____ M/F: _____ Birth date: _____ Age on 9/1/19 _____

(Your child must be the class age on or before September 1)

Home Address: _____ Priority Telephone: _____

City: _____ State: _____ Zip Code: _____

Father's Name: _____ Driver's License: _____

Occupation: _____ Phone Number: _____

Address: _____ Email: _____

Mother's Name: _____ Driver's License: _____

Occupation: _____ Phone Number: _____

Address: _____ Email: _____

Church Affiliation: _____ Members: Yes _____ No _____

Emergency Contact: (other than parent)

Name _____ Driver's License _____

Phone Number _____ Relationship to Child _____

I hereby authorize the staff of *Kingdom Kids/Victory Church* to obtain emergency medical treatment for my child should he/she becomes ill or injured. I further release said church, staff and center from any liability pertaining to injury or illness of my child.

Physician's Name & Phone Number & Address: _____

Signature of Parent: _____ Date: _____

DATE RECEIVED _____ REGISTRATION PAID _____ ADMISSION DATE _____

GETTING ACQUAINTED WITH YOUR CHILD

Has your child been in a structured preschool program before? _____

If so, where? _____

Is your child completely potty trained: Yes No

Other children in the family: Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Other adults in the home: Name: _____ Relation: _____

Name: _____ Relation: _____

Have you moved recently? _____

Your child's favorite play materials and activities: _____

We are so excited to get to know your child by interacting with him/her daily, as you know this will take a little time. Help us jump start our relationship with your child by telling us a little about them.

Does your child: (please circle)

Listen to stories Listens to music Uses crayons

Uses paint Plays with other Pretend play

Your child's health and safety is our top priority as are the other children that attend the preschool. Please understand we take the best interest of every child when illness or injuries occur.

Allergies/Special attention needs:

(We must have a completed food allergy & emergency plan for the child completed by your child's physician)

Food: _____

Health: _____

In efforts to keep your child's safety and wellbeing our top priority, we ask that you choose a security password that others will use when they pick up your child.

Security Password: _____

(Please list a password which will be known by anyone picking up your child)

In order to provide the safest environment possible for your child, we ask that you list those persons to whom we may release your child. They will need to know your security password & present drivers license.

Name: _____ Drivers License Number: _____

Name: _____ Drivers License Number: _____

Name: _____ Drivers License Number: _____

Name: _____ Drivers License Number: _____

Do we have your permission to use your child's photograph and/or likeness in brochures or videos?

Yes

No

Please select your child's days to attend Kingdom Kids

- 2 year old program _____ 2 day _____ 3 day _____ 5 day
- 3 year old program _____ 2 day _____ 3 day _____ 5 day
- 4 year old program _____ 2 day _____ 3 day _____ 5 day
- Kindergarten program (5 day program)