

King's Kids Preschool ~ 2017-2018

A Ministry of Woodmont Baptist Church
2001 Darby Drive · Florence, AL 35630 · (256) 766-1255 x 11 · lhodges@woodmontbaptist.org

Child's Name _____

Name child is called at home _____ Gender _____

Date of Birth _____ Age as of 9/1/17 _____

Day(s) child will be attending: Tuesday _____ *Wednesday _____ Thursday _____

***NOTE: WEDNESDAY IS NOT AVAILABLE FOR ONE-YEAR-OLDS**

Child's Address: _____
Street

City _____ State _____ Zip _____

Parent e-mail: _____

Mother's Name: _____ cell phone# _____

Mother's Employer: _____ work # _____

Father's Name: _____ cell phone# _____

Father's Employer: _____ work # _____

Child lives with (circle one): Parents Mother Father Other: _____

Brothers and sisters (please list name used by child):

Name age Name age

Name age Name age

Church Home: _____

Is child completely potty-trained? *(required to enter three-year old or four-year old class)* yes _____ no _____

If not, do you anticipate this happening before school begins? yes _____ no _____

Please list any allergies, sensitivities, chronic illnesses, learning disabilities, etc.:

Please complete other side of form

Emergency contacts (in case you are not available):

Name _____	Relationship to child _____	# _____
Name _____	Relationship to child _____	# _____
Name _____	Relationship to child _____	# _____
Name _____	Relationship to child _____	# _____

Doctor's name: _____ # _____

Is your child up-to-date on all necessary immunizations? _____ **yes** _____ **no**

(The State of Alabama Department of Public Health requires that a current immunization record be kept on file for all students at King's Kids. Please submit one by the first day of school if you have not already done so.)

Please list any information such as fears, eating habits, favorite activities or special family situations that you feel would help us better care for your child:

Please list those other than yourself who are authorized to pick up your child from King's Kids:

- _____
- _____
- _____
- _____

If your child has a special friend they would like to have in their class or if there is a teacher you prefer, we will make every attempt to honor your request. Please specify: _____

******IN CASE OF EMERGENCY, I GIVE MY PERMISSION FOR MEDICAL CARE TO BE PROVIDED TO MEET THE NEEDS OF MY CHILD******

Signature: _____ Date: _____

OFFICE USE ONLY:
Registration fee paid \$ _____ Check # _____ Cash (receipt #) _____ Date: _____
Open House letter sent: _____ Age group: _____ Assigned to: _____