

Kingdom Kids Learning Center - Child Record Form

Indicate which Class Registering for: Brown Bear T,Th am 9-11:30 Panda Bear MWF pm 8:30-11:30 POLAR Bear MTWTh pm 12:30-3:30

Child's Name _____ M / F BIRTH Date _____

Address _____

(Optional) Child's Race/Ethnic affiliation : _____

Child lives with (please check): Both Parents Mother Father Other _____

Please list other children in the family: Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Mother's Name _____ Address _____

Phone Number – Cell #: _____; Work #: _____ Other #: _____

Email address: _____ Place of Work _____

YES NO - Authorized to pick up child

Father's Name _____ Address _____

Phone Number – Cell #: _____; Work #: _____ Other #: _____

Email address: _____ Place of Work _____

YES NO - Authorized to pick up child

In case of Emergency notify: (Other than parent / guardian if possible)

_____ Relationship _____ Phone _____

YES NO - Authorized to pick up child

_____ Relationship _____ Phone _____

YES NO - Authorized to pick up child

*Please note – if any person other than those listed here needs to pick up your child, please, personally notify the Director or your child's teacher with a note or phone call. We will not release child to someone not authorized by you without confirming it with you first

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS Kingdom Kids Learning Center admits, and serves students of any race, color, and national or ethnic origin.

Medical Conditions: Please explain any illness or unusual medical condition that might prevent your child from participating in activities or conditions which the staff should be aware of.

(Please circle all that apply) Asthma Diabetes Seizures Other _____

Allergies to Medication _____

Food Allergies _____

Doctor Name _____ Phone _____

Please share any important information regarding your child which would lead to a better understanding of him/her (i.e., fears, interests, bathroom needs, behavior, etc.)

What do you hope Kingdom Kids Learning Center will accomplish with your child?

How did you hear about our preschool? [Friend, newspaper, yellow pages, other _____]

The school will not be responsible for anything that may happen as a result of false information or lack of information given at the time of enrollment.

Kingdom Kids Learning Center _____ Date _____

Parent/Guardian Signature _____ Date _____