

# Preschool Registration Form

Child's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Prefers to be called \_\_\_\_\_

Sibling Names (if also attending) \_\_\_\_\_ age \_\_\_\_\_ age \_\_\_\_\_

## Contact Information

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_

Email Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

*\*Circle which (cell phone) number to add to the Remind App for texting notifications.  
If none is circled you may miss out on important reminders.*

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_

Email Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

*\*Circle which (cell phone) number to add to the Remind App for texting notifications.  
If none is circled you may miss out on important reminders.*

Name of caregiver where child resides \_\_\_\_\_

Person responsible for account \_\_\_\_\_

Emergency Contact (if parents cannot be reached) \_\_\_\_\_ contact# \_\_\_\_\_

Circle how many days your child will be attending: 2 3 5 Breakfast Club

## Health Form

Child's Name \_\_\_\_\_ Date of birth \_\_\_\_\_

### Emergency Information:

1<sup>st</sup> Contact \_\_\_\_\_ Number \_\_\_\_\_

2<sup>nd</sup> Contact \_\_\_\_\_ Number \_\_\_\_\_

Child's Physician \_\_\_\_\_ Number \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Number \_\_\_\_\_

Insurance Policy Holder \_\_\_\_\_

Insurance Name \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Please list your child's allergies (including foods) and health conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list current medications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*\*If medications need to be administered while at Kids 4 Christ, a medication form must be filled out by parent and medication needs to be in original bottle.*

In case of an emergency, 911 will be called and the child will be transported to the nearest hospital.

*\*I release Kids 4 Christ to photograph/video my child participating in daily activities, and to use the photographs/video in advertising or publications.*

Parent's Signature \_\_\_\_\_