



KING'S CHILDREN PRESCHOOL APPLICATION FORM

Child's Legal Name _____

Nickname _____ Birthdate _____

Child's Home Address _____

E-mail address _____

Child's Home Phone Number _____

PARENT/GUARDIAN INFORMATION

Father's Name _____ Phone _____

Father's Address _____

Father's Occupation/Place of Employment _____

Phone _____

Mother's Name _____ Phone _____

Mother's Address _____

Mother's Occupation/Place of Employment _____

Phone _____

FAMILY INFORMATION

Siblings by name & ages (please indicate whether or not they live with child)

List any other people living with child and their relationship

Church in which your family are active members

(Over)

CLASS PLACEMENT

Preschool-T/Th _____

Pre-K-M/W/F _____

PICK-UP INFORMATION

Persons authorized to pick up child _____

Persons who may NOT pick up child _____

CHILD'S PERSONAL HISTORY

Does your child appear to be right or left-handed? _____

Has your child had a previous group/preschool experience? _____

If so, where and when? _____

List any allergies _____

List medical problems we should be aware of _____

Words your child uses for going to the bathroom _____

List any special food or eating instructions _____

What is your child's concept of God? _____

Any additional information such as discipline, comforting, etc. you feel we should know: _____

APPLICATION FEE - \$100.00

Date Received _____

Chk. # _____

Initials _____