

SESSION:
M-W-F A.M. _____
T-Th. A.M. _____
T-Th. P.M. _____

Registration fee paid: _____
Date Received: _____

KING'S KIDS PRESCHOOL REGISTRATION FORM

Atonement Lutheran Church
1980 Silver Lake Road
New Brighton, MN 55112
(651) 633-2240 FAX-651 633 9604

Child's Name _____ Wants to be called _____

Address _____ City _____ Zip _____

Home Phone(____) _____ Sex: M/F Birthdate _____

Father's Name _____ Cell Phone # _____

Father's Home Address _____ Occupation _____

Place of Employment _____ Work Phone(____) _____

Mother's Name _____ Cell Phone # _____

Mother's Home Address _____ Occupation _____

Place of Employment _____ Work Phone(____) _____

Other children in family (names and date of birth)

Brothers _____

Sisters _____

Religious Affiliation _____ Congregation _____

Has your child attended a preschool school before? Yes/No

Where _____ When _____

In case of an emergency, when the parents cannot be contacted, please list persons to be called and/or pick-up child, if necessary:

Name _____ Phone(____) _____ Relationship _____

Address _____

Name _____ Phone(____) _____ Relationship _____

Address _____

(OVER)

Does your child have any physical, mental or emotional handicaps? If yes, please explain:

Child's physician _____ Phone(____) _____

Address _____ City _____

Child's Dentist _____ Phone(____) _____

Address _____ City _____

List anyone AUTHORIZED (other than the emergency contacts from other side of this form) to take your child from school.

Name _____ Phone(____) _____ Relationship _____

Address _____

Name _____ Phone(____) _____ Relationship _____

Address _____

Name _____ Phone(____) _____ Relationship _____

Address _____

CLASS LIST AUTHORIZATION FORM

We have a class list with children's names, home addresses and phone numbers which may be distributed to parents of children in the class. This list is to be used for social purposes and making transportation arrangements only. It is not to be used for business purposes.

If you give permission to have you child's information included on this list, please sign and date below.

Parents signature: _____ Date _____

A \$30.00 registration fee is required with your application. It is non-refundable.

(If you have any questions in regard to this registration form, please call Cindy Hanson,(651) 633-2240)