



Kingdom Kids Kindergarten Enrollment Form 2011-2012

Date Rec'd _____
Amount _____
Check No _____
Initials _____
Approval _____

STUDENT

Student's Name: _____ M / F
Last First Middle Initial Name child goes by and should write circle one

Home Address: _____
Street Address City State Zip

Do you have a church home? Yes / No Birthdate: _____
month day year

If so, where? _____

How did you hear about us? _____

Student Lives With: Parents Mother Father Foster Parent/s Guardian
 Mother and Stepfather Father and Stepmother Other _____

PARENTS

Mother/Step-mother/Guardian	
Name	_____
Email	_____
Address (if different)	_____
_____	_____
City	State Zip
_____	_____
Home Phone	Cell Phone
_____	_____
Employer	Work Phone

Father/Step-father/Guardian	
Name	_____
Email	_____
Address (if different)	_____
_____	_____
City	State Zip
_____	_____
Home Phone	Cell Phone
_____	_____
Employer	Work Phone

RELEASE OF INFORMATION

Please put a check mark next to those statements with which you agree.

- _____ I understand the policies of Kingdom Kids as outlined in the Parent Handbook. This includes the payment schedule, refund policies and late fees.
- _____ I give permission for my child to be photographed for use within the school/classroom setting.
- _____ I give permission for Kingdom Kids to include our family information in the school directory.

AGREEMENT

I understand that it is my responsibility to update this information as needed. The school is not liable if the information is inaccurate or outdated.

Parent/Guardian Signature

Date



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EMERGENCY CONTACTS / AUTHORIZED PICK UP (other than parents) - must provide at least two

1) Name _____ Relationship _____

Address _____

Home Phone _____ Alternate Phone _____

2) Name _____ Relationship _____

Address _____

Home Phone _____ Alternate Phone _____

3) Name _____ Relationship _____

Address _____

Home Phone _____ Alternate Phone _____

MEDICAL INFORMATION - This information is required prior to attendance, along with a current immunization record and Health Care Summary.

CHILD'S DOCTOR

Name _____
Phone _____

CHILD'S DENTIST

Name _____
Phone _____

HOSPITAL PREFERENCE (PLEASE CIRCLE CHOICE): St. Mary's Hospital or Olmsted Medical Center

Are there any health concerns/conditions/prescription medications the school should be aware of?

Yes No If yes, please explain: _____

Drug Allergies: _____

Food Allergies: _____

Other Special Medical Needs: _____

In the case of a medical emergency, if I cannot be reached, I authorize emergency medical care for my child.

Signature: _____

Date: _____