



Christ's Kids Preschool

Registration Form

Director: Pat Siedenbug

952-233-3516

CHILD INFORMATION

Child's full name _____
(first) (middle) (last)

Address _____ City _____ State ____ Zip _____

Home Phone _____ Birth date _____ Gender: ___Male ___Female

Nickname _____ Name your child will learn to write: _____

Other Children in the family:

Name	Gender M/F	Birthday (Month/Day/Year)
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROGRAM CHOICE

Please indicate your preferred program:

Two Days a Week - \$110 per month

Three Days a Week - \$150 per month

Five Days a Week - \$275 per month

Please indicate your preferred time:

9:00 – 11:30 AM

12:30 – 3:00 PM

(only offered if 9-11:30 classes are filled)

Additional Comments about your child's placement _____

PARENT/GUARDIAN INFORMATION

Father's Name _____ Email _____

Address (if different from child's) _____

City: _____ State: _____ Zip: _____

Home Phone _____ Work _____ Cell Phone _____

Mother's Name _____ Email _____

Address (if different from child's) _____

Home Phone _____ Work _____ Cell Phone _____

Marital Status: married divorced single widowed separated remarried

Person to contact if parent/guardian cannot be reached:

Name _____ Relationship to child _____

Address _____ City _____ State _____ Zip _____

Phone _____ Work _____ Cell Phone _____

Release Contact* Yes No Medical Contact ** Yes No

Name _____ Relationship to child _____

Address _____ City _____ State _____ Zip _____

Phone _____ Work _____ Cell Phone _____

Release Contact* Yes No Medical Contact ** Yes No

* **Release Contact** = Person to whom Christ's Kids is authorized by the Parent/Guardian to release for pick-up and emergency purposes.

** **Medical Contact** = Person authorized to act as parent/guardian(s) behalf in case child required immediate medical or surgical care and efforts to contact parent/guardian(s) are unsuccessful. Release and Medical Contacts cannot be a parent or guardian. Christ's Kids must have photos on file of all Release Contacts.

MEDICAL INFORMATION

Child's Doctor _____ Phone _____

Address _____ City _____ State ___ Zip _____

Does your child have any allergies (foods, pets, other), handicaps, medical conditions, dietary needs, or other special needs? If so, please explain:

Child's Dentist _____ Phone _____

Address _____ City _____ State ___ Zip _____

Child's Day Care Provider _____ Phone _____

Address _____ City _____ State ___ Zip _____

Emergency Medical Treatment Procedure

In the event that my child is injured or should require medical attention, I hereby authorize Christ's Kids Preschool to secure necessary first aid or medical treatment.

In the event of an emergency, whenever possible, parents or persons listed in this registration form will be notified and asked to take their child to their family physician for medical treatment. If no parents/guardians or emergency contact people listed can be reached, we will call 911 to have the child transported by ambulance to the local hospital.

Parent/Guardian Signature _____ Date _____

REFERRAL DISCOUNT

Receive 10% off one month of tuition for one child if the referrals you have listed below enroll in our program.

Name: _____

Address: _____

Contact numbers:

Cell# _____ Home phone # _____

PARENT PERMISSION

Child's Name: _____

Please circle YES or NO for each item for which you grant or do not grant permission.

YES NO	Sunscreen - I give Christ's Kids Preschool staff permission to apply sunscreen to my child as needed for outdoor play.
YES NO	Alcohol Based Hand Sanitizer - The use of the hand sanitizer is to promote good hand hygiene practices to help stop the spread of germs that can make your child and others sick. According to the Centers for Disease Control, Alcohol Based Hand Sanitizers are a safe, effective and accepted component of any hand hygiene program to reduce the spread of infection. I hereby give permission for my student to use Alcohol Based Hand Sanitizer.
YES NO	<p>Photos - From time to time, we take pictures or videos during preschool activities. We will never sell these pictures. We may crop or treat the photograph at our discretion. Some photos may be group pictures.</p> <p><i>For security reasons, only first names would be used, for the following:</i></p> <ul style="list-style-type: none"> • power point/video in the classroom or sanctuary • items posted in classroom or hallway <p><i>Names will not be listed on the following:</i></p> <ul style="list-style-type: none"> • newspaper articles or advertising • website <p>I hereby give permission to use photographs in the manner described above.</p>

I understand that these requests will remain valid as long as my child is enrolled in Christ's Kids Preschool and I may at any time revoke any or all of these requests by notifying the Director.

Parent/Guardian Signature _____ Date _____

SIGNATURE

The completion of this application form and the signature of the parent or guardian constitute an agreement that any tuition or fees pertaining to this student's enrollment at Christ's Kids Preschool will be paid by the parent or guardian signing this form. **Please note: enrollment is not held until the \$60.00 registration fee is received. This fee is NON-REFUNDABLE.**

Parent/Guardian Signature _____ Date _____