

REGISTRATION AND IDENTIFICATION FORM

FOR

KIDS OF THE KINGDOM PRESCHOOL

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name by which your child is commonly called: \_\_\_\_\_

FATHER

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone No. : \_\_\_\_\_

Work Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Education Completed: \_\_\_\_\_

MOTHER

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone No. : \_\_\_\_\_

Work Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Education Completed: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Name and phone number of a friend, neighbor or relative (to be used in case of emergency): PLEASE LIST MORE THAN ONE

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

Other children in the home:

NAME

AGE

GRADE

| NAME  | AGE   | GRADE |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Those having authority to pick up my child are:

\_\_\_\_\_

\_\_\_\_\_

SOCIAL PROBLEMS

Fears: \_\_\_\_\_

Sleeping: \_\_\_\_\_

Food: \_\_\_\_\_

Health: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other: \_\_\_\_\_

PETS: \_\_\_\_\_

Does your child have other non-relative playmates: \_\_\_\_\_  
(yes/no)

If yes, list ages and sex of non-relative playmates: \_\_\_\_\_

Favorite play materials: \_\_\_\_\_

Word used by child for need to go to the bathroom: \_\_\_\_\_

Does your child eat breakfast? \_\_\_\_\_ What time? \_\_\_\_\_

I agree to regularly pay the monthly fee in advance and will furnish a physician's report on a preschool furnished form.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_