



Kingdom Kids

REGISTRATION FORM 2017-18 SCHOOL YEAR

CHILD'S NAME (LAST/FIRST): _____ DATE: _____

BIRTH DATE: _____ AGE (FALL 2017): _____

TEACHER (FALL 2017): _____ GRADE (FALL 2017): _____

ADDRESS: _____ HOME PHONE: _____

CITY/STATE/ZIP: _____ MALE/FEMALE (CIRCLE ONE)

PARENT(S) OR GUARDIAN(S):

MOTHER'S NAME: _____ HOME PHONE: _____

EMPLOYER: _____ WORK PHONE: _____

EMPLOYER ADDRESS: _____

PREFERRED EMAIL ADDRESS: _____

FATHER'S NAME: _____ HOME PHONE: _____

EMPLOYER: _____ WORK PHONE: _____

EMPLOYER ADDRESS: _____

PREFERRED EMAIL ADDRESS: _____

EMERGENCY CONTACTS (OTHER THAN PARENT OR GUARDIAN):

1. NAME: _____ RELATIONSHIP: _____ PHONE: _____

2. NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAMES OF ALL PEOPLE, OTHER THAN PARENTS, GUARDIANS, OR EMERGENCY CONTACTS, THAT ARE AUTHORIZED TO PICK UP THIS CHILD:

1. _____ 2. _____

3. _____ 4. _____

(All authorized people, other than parents and guardians, will need to provide picture identification before the child will be released.)

EMOTIONAL OR BEHAVIORAL CONCERNS THAT WILL BETTER HELP KINGDOM KIDS CARE FOR YOUR CHILD:
