

Christian Preschool Enrollment Form

STUDENT INFORMATION				
First Name	Mid. Init.	Last Name	Preferred Name	Class Registering For: <i>(please circle one)</i>
Birth Date	Languages spoken		Ethnic/Cultural Heritage	PreK 3's Toddler's
Address				
City		State	Zip Code	Phone

PARENT/GUARDIAN CONTACT INFORMATION				
Parent/Guardian #1		Relationship to Student	Home Phone	Cell Phone
Address		City	State	Zip
Employer name and address				Work Phone
Parent/Guardian #2		Relationship to Student	Home Phone	Cell Phone
Address		City	State	Zip
Employer name and address				Work Phone

EMERGENCY CONTACTS (E) and/or AUTHORIZED TO PICKUP INDIVIDUALS (P)				
Name	Code E P	Relationship to Child	Home Phone	Cell Phone
Name	Code E P	Relationship to Child	Home Phone	Cell Phone
Name	Code E P	Relationship to Child	Home Phone	Cell Phone

FOOD ALLERGIES AND FOOD RESTRICTIONS
<p>We are a nut free school. Please do not send any foods with nuts (check all labels) with your child. We also do cooking activities throughout the year. Please list your child's food allergies, food restrictions (religious or other) or any other information you think is important related to your child and food.</p>

ENROLLMENT SUBMISSION	
<p>Please submit (1) completed enrollment form, (2) signed financial agreement, (3) the non-refundable first month's tuition and registration fee (if you have not already paid) and (4) completed immunization form to Kids of the Kingdom Christian Preschool, 17625 NW Cornell Rd, Beaverton, OR 97006.</p>	
Parent/guardian signature	Date
Parent/guardian signature	Date

OFFICE USE:	Director Signature	Date
Date enrolled	Reg Fee Rec'd	First Month's Tuition Rec'd
	Financial Agreement Received	Immunization Form Received

Make checks payable to Kids of the Kingdom Christian Preschool.
Please complete the second page below.

Child's Name:

MEDICAL INFORMATION		
Doctor's Name		Phone
Dentist's Name		Phone
Medical Insurance Company	Policy/Group Number	Subscriber's Name
Hospital Preference (if none so state and the closest one will be chosen)		
Chronic Illnesses and or allergies school should be aware of (if none so state)		
Medical History and/or medical concerns school should be aware of (if none so state)		
Medication allergies school should be aware of (if none so state)		
Current medications (if none so state)		
Please note that the State of Oregon mandates immunizations be current upon enrollment and updated during the school year.		
AUTHORIZATION FOR CONSENT TO TREATMENT OF A CHILD		
<p>I hereby authorize Kids of the Kingdom Christian Preschool staff at 17625 NW Cornell Rd, Beaverton, OR 97006, to consent to any medical or surgical treatment for _____ (child's name) which such staff members deem advisable in an emergency if a parent or legal guardian cannot reasonably be located when the child is brought for treatment. Kids of the Kingdom also has my permission to request transport of my child by ambulance for emergency medical treatment. I understand that I will be responsible for all costs related to ambulance transportation. This authorization will be effective for the 2015-16 school year.</p>		
Signature of parent or legal guardian _____		Date _____
NOTIFICATION REQUIREMENT FOR WITHDRAWAL FROM SCHOOL		
<p>I understand that should I withdraw my child from this Preschool, I will be responsible for providing written notice one month prior to the withdrawal. I will be responsible for one more month's tuition past by withdrawal if one month's written notice is not given.</p>		
Signature of parent or legal guardian _____		Date _____
PHOTO AUTHORIZATION		
<p>I give my permission for my child to be photographed during classroom hours or fieldtrips by staff. The photos will be used for documentation for my child's portfolio.</p>		
<p>Also, I DO _____ or DO NOT _____ authorize my child's picture (no names will be used) to be put on the school's website, Facebook or marketing brochures.</p>		
Signature of parent or legal guardian _____		Date _____
FIELD TRIP AUTHORIZATION		
<p>I authorized the school to take my child on walks in the park behind the facility during the school year. For any other field trip that a parent is not in attendance, a separate signed permission slip will be requested from the parent/guardian. If a permission slip is not completed, the child will not be able to attend the field trip.</p>		
Signature of parent or legal guardian _____		Date _____