

OFFICE USE ONLY			
Date Received _____	Check# _____	Preschool I 9:00 am _____	12:30 pm _____
First Day _____	Withdrawn _____	Preschool II 9:00 am _____	12:30 pm _____
Entered into Computer _____	Recv'd Handbook _____	Pre-K 12:30 pm _____	
Shot Record _____	Dr. Sign. _____	Jr-KG 9:00 am _____	Kdgt _____

KING OF KINGS LUTHERAN PRESCHOOL AND KINDERGARTEN

18207 108TH AVE SE

RENTON, WA 98055

PHONE: 425-255-8520

king_of_kings_preschool@yahoo.com

2018-2019 REGISTRATION

CHILD'S FIRST NAME _____ CHILD'S SECOND NAME _____ CHILD'S LAST NAME _____ Age _____ Birthdate _____ Sex _____ Address _____ Home Phone _____ City, State, Zip Code _____ Family email address _____ Father's Name _____ Mother's Name _____ Employer _____ Employer _____ Cell Phone _____ Cell Phone _____ Work Phone _____ Work Phone _____ Parents' Marital Status _____ Siblings & Ages _____ Language Spoken at Home _____ Ethnic Background _____ Church Membership _____ Pastor _____	Circle your class choice: PRE-I 9:00 or 12:30; PRE-II 9:00 or 12:30 PRE-K Jr. Kindergarten Kindergarten
The following persons may pick up my child from preschool in my absence:	

How did you learn about King of Kings Preschool and Kindergarten?

Sign out front
 Newspaper
 Website
 Friend
 Relative
 Sibling
 Internet search

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HEALTH INFORMATION

Child's Doctor _____ Phone _____ Hospital _____

Allergies _____ Diet (i.e, vegetarian) _____

Health, emotional, physical challenges _____

If parents cannot be reached, persons to be contacted in an emergency are:

Name _____ Relation _____ City _____ Phone _____

Name _____ Relation _____ City _____ Phone _____

Please furnish **Out of State** information below in case of a major emergency such as an earthquake.

Name _____ Relation _____ State _____ Phone _____

I hereby give permission for members of the staff of King of Kings Preschool & Kindergarten to seek emergency medical treatment for my child in the event I cannot be contacted.

(Signature of Parent or Legal Guardian)

(Date)

PLEASE SUBMIT THE \$75.00 REGISTRATION FEE WITH THIS FORM. A COPY OF THE CHILD'S SHOT RECORD AND THE SIGNED HEALTH EVALUATION FORM MUST BE SUBMITTED BEFORE SCHOOL STARTS.