

| 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| First Day _____ | Withdrawn _____ | Preschool II 9:00 am _____ | 12:30 pm _____ |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

2019-2020 REGISTRATION

| | |
|---|---|
| CHILD'S FIRST NAME _____ | <p align="center">Circle your class choice:</p> <p>PRE-I 9:00 or 12:30; PRE-II 9:00 or 12:30</p> <p>PRE-K Jr. Kindergarten Kindergarten</p> |
| 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 _____ |
| 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

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.