

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First Day _____	Withdrawn _____	Preschool II 9:00 am _____	12:30 pm _____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. _____	Photo Release _____	Jr-KG 9:00 am _____
			Kdgt _____

## KING OF KINGS LUTHERAN PRESCHOOL AND KINDERGARTEN

18207 108<sup>TH</sup> AVE SE

RENTON, WA 98055

PHONE: 425-255-8520

[preschool@kingofkings.school](mailto:preschool@kingofkings.school)

### 2024-2025 REGISTRATION

CHILD'S FIRST NAME _____	<b>Circle your class choice:</b> <b>PRE-I 9:00 or 12:30;    PRE-II 9:00 or 12:30</b> <b>PRE-K    Jr. Kindergarten    Kindergarten</b>
CHILD'S SECOND NAME _____	
CHILD'S LAST NAME _____	
Age _____ Birthdate _____ Sex _____	
Address _____ Main 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 _____	
<b>The following persons may pick up my child from preschool in my absence:</b>	

**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 \_\_\_\_\_

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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 \$125.00 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.**