

OFFICE USE ONLY

Date Received _____ Check # _____
First Day _____ Withdrawn _____
Entered into Computer _____ Recvd. Handbook _____
Shot Record _____ Dr. Sign. _____

Preschool I 9:00 am _____ 12:30 pm _____
Preschool II 9:00 am _____ 12:30 pm _____
Pre-Kdgt. 12:30 pm _____ Jr. Kdgt. 9:00 am _____
Kdgt 9:00am _____

KING OF KINGS LUTHERAN PRESCHOOL AND KINDERGARTEN

18207 108TH AVE SE

RENTON, WA 98055

PHONE: 425-255-8520

king_of_kings_preschool@yahoo.com

2017-2018 REGISTRATION

Child's Full Name _____	Circle your class choice:
Age _____ Birthdate _____ Sex _____	PRE-I 9:00 or 12:30; PRE-II 9:00 or 12:30
Address _____	PRE-K Jr. Kindergarten Kindergarten
City, State, Zip _____	Home Phone _____
Email Address _____	Cell Phone _____
Father's Name _____	Mother's Name _____
Employer _____	Employer _____
Work Phone _____	Work Phone _____
Language Spoken at Home _____	Ethnic Background _____
Parents' Marital Status _____	Siblings & Ages _____
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 ____ Tele.Book ____ Friend ____ Relative ____ Sibling ____ Web Site

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 _____ Address _____ Phone _____

Name _____ Relation _____ Address _____ 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 and Kindergarten to seek emergency medical treatment for my child in the event that I cannot be contacted.

(Signature of Parent and/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.