

Kids of the Kingdom Preschool

First Presbyterian Church

323 Main Street, Greenville, Pa 16125

724-588-6520

STUDENT APPLICATION

Student's Name: _____ Goes by: _____

Age: _____ Birth Date: _____ Boy/Girl: _____

Other Schools Attended: _____

Age of Child by September 1: _____ (Must be 3 and toilet trained by September 1)

Applying for Admission For

Preschool: Two Days 9-11:30: M/W _____ Two Days 9-2: M/W _____

Three Days 9-11:30: M/W/F _____ Three Days 9-2 M/W/F _____

Pre-K: (M/W/F) 9-11:30 _____ Pre-K (M/W/F) 9-2 _____

Discovery Science (9:30-11:30) 2nd and 4th Thursdays of the month _____

Parental insight: Please tell us anything you think is especially important about your child that would help us know him/her better:

.....
FAMILY INFORMATION:

Father's Name: _____ Mother's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Father's Occupation: _____

Employer: _____ Work Phone: _____

Mother's Occupation: _____

Employer: _____ Work Phone: _____

If the child is not living with both parents, please indicate with whom the child is living: _____

OTHER SIBLINGS:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

CHURCH AFFILIATIONS:

Name of church: _____

Pastor/Priest: _____ Phone: _____

MEDICAL INFORMATION:

If emergency medical treatment is necessary and I cannot be reached, I hereby give permission to *Kids of the Kingdom Preschool* to secure proper medical treatment. This may include, but not limited to, hospitalization, surgery, ordering of injection, anesthesia for the child listed: _____

List allergies and special medical information that we should know: _____

List any medications taken on a regular (daily) basis by your child: _____

Name of physician: _____

Phone: _____

Parent Signature: _____ Date: _____

EMERGENCY INFORMATION:

Please list local persons to contact in an emergency if parents cannot be reached. (This must be completed):

Name: _____ Phone: _____

Name: _____ Phone: _____

FIELD TRIP PERMISSION SLIP:

I hereby give permission for (name of child) _____ to participate in any off campus field trips during the school year. I understand that school transportation or walking may be used.

Parental Signature: _____ Date: _____

RELEASE FORM:

When your child is brought to school, he/she must be left in the presence of a staff person. You must also make a staff person aware of your child's departure. Please list persons below, in addition to parents, who are approved to pick up your child.

Name: _____

Relationship to child: _____ Phone: _____

Name: _____

Relationship to child: _____ Phone: _____

Parental Signature: _____ Date: _____

Please notify the school immediately of changes or modifications to any/all information stated.

STATEMENT OF PARENTAL COOPERATION:

I recognize that the Kids of the Kingdom Preschool works as an extension of me, the parent, and I pledge to my prayerful support to the school and its staff. I understand that the school goals are to provide excellence in academics and to nurture our children in the highest principles of Christian education.

I understand that the operating expenses of a school like Kids of the Kingdom are fixed, and a loss is realized if any vacancy occurs during the school year. In support of the school's obligation to its staff, I agree to enroll my child for the entire school year. (Exception: Moving) I understand that no reductions can be made for vacations, holidays, or for any other absences regardless of cause. I understand that tuition will be pro-rated in the event my child is enrolled after the school year has begun according to the actual months enrolled. In the event that my child is withdrawn from the school, it is agreed that all sums of money paid to the school shall be retained by the school. If my child is withdrawn after the first of the month, I agree to pay full tuition for that month. I understand that tuition is due and payable on the first of each month, unless a payment plan is approved by the school. I also understand that registration fees are non-refundable.

I hereby release Kids of the Kingdom Preschool of any responsibility for any accident or injury that might occur while on school premises or en route to and from school or while involved in any school activity.

If concerns or disagreements arise over issues or accidents related to the welfare of our children, we will go to the individual involved to seek a mutually satisfactory remedy in the bonds of Christian love.

Parental Signature: _____ Date: _____

TO BE COMPLETED BY THE SCHOOL STAFF

Preschool Registration Checklist

Completed, signed and dated application _____

Registration fee obtained _____

Class Choice Confirmed (circle one) M/W M/W/F

Confirmation notice sent _____

Pre-K Registration Checklist

Completed, signed and dated application _____

Registration fee obtained _____

Class Choice Confirmed (circle one) AM PM

Confirmation notice sent _____

Science Class Registration Checklist

Completed, signed and dated application _____

Registration fee obtained _____

Confirmation notice sent _____

Application Number: _____

Date Received: _____

Staff Signature: _____ Date: _____