

**Parent/Guardian Information**

Registration Date: \_\_\_\_\_

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Custodial Parent (If married, mark both parents)

Primary Email: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Custodial Parent (If married, mark both parents)

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Child Information**

**1<sup>st</sup> Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require.

\_\_\_\_\_

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Please give the last date for the following shots:

Polio: \_\_\_\_\_ DTaP Series: \_\_\_\_\_ MMR: \_\_\_\_\_ HIB: \_\_\_\_\_ Varicella: \_\_\_\_\_ HepB: \_\_\_\_\_

PCV \_\_\_\_\_ HepA \_\_\_\_\_

Are your child's immunizations current? \_\_\_\_\_

Permission to Participate: Child may participate in the following activities  Water Activities,  Anderson Park,  In-house special activities (Petting Zoo, Joy Jump, etc.)  Child's photo and/or artwork displayed on GBC/Kingdom Kids web page or other publications (brochure, handbook, mail outs, etc.)

**Child Information - Continued**

**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require.

\_\_\_\_\_  
Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Please give the last date for the following shots:

Polio: \_\_\_\_\_ DPT Series: \_\_\_\_\_ MMR: \_\_\_\_\_ HIB: \_\_\_\_\_ Varicella: \_\_\_\_\_ HepB: \_\_\_\_\_  
PCV \_\_\_\_\_ HepA \_\_\_\_\_

Are your child's immunizations current? \_\_\_\_\_

Permission to Participate: Child may participate in the following activities  Water Activities,  Anderson Park,  
 In-house special activities (Petting Zoo, Joy Jump, etc.)  Child's photo and/or artwork displayed on  
GBC/Kingdom Kids web page or other publications (brochure, handbook, mail outs, etc.)

**3rd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require.

\_\_\_\_\_  
Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Please give the last date for the following shots:

Polio: \_\_\_\_\_ DPT Series: \_\_\_\_\_ MMR: \_\_\_\_\_ HIB: \_\_\_\_\_ Varicella: \_\_\_\_\_ HepB: \_\_\_\_\_  
PCV \_\_\_\_\_ HepA \_\_\_\_\_

Are your child's immunizations current? \_\_\_\_\_

Permission to Participate: Child may participate in the following activities  Water Activities,  Anderson Park,  
 In-house special activities (Petting Zoo, Joy Jump, etc.)  Child's photo and/or artwork displayed on  
GBC/Kingdom Kids web page or other publications (brochure, handbook, mail outs, etc.)

**Emergency Contacts (Other than Parents) & Authorized Pickup Persons:**

**1<sup>st</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

Able to pick up all children in the family

**2<sup>nd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

Able to pick up all children in the family

**3<sup>rd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

Able to pick up all children in the family

**Tuition / Payment Information:**

Total Monthly Tuition Amount: \_\_\_\_\_ Paid:  Monthly  EFT  Annual

\$90 non-refundable Registration Fee per child  Check # \_\_\_\_\_  
\$60 Supply Fee per semester/per child (**Non-Refundable after June 30<sup>th</sup>**)

Please outline who is responsible for payment of tuition and fees. \_\_\_\_\_

If a child is withdrawn from the program for any reason, we require 30 days notice or payment of one month's tuition. I have read and agree to the above fees and financial procedures.  Yes  No

**Additional Comments & Information:**

Where does your family attend church? \_\_\_\_\_  None

May we include your contact information in the Kingdom Kids printed directory?  Yes  No

Is there any other information that that would be helpful to our management and teaching staff?

**Signature:**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parents are responsible for notifying the Kingdom Kids office of any changes to the above information!**

**Thank You!**