**King of Kings Lutheran Preschool & Kids’ Day Out**

**13765 Olive Blvd.**

**Chesterfield, MO 63017**

 **2- 5 Year Old Preschool 2022-2023**



**2 year old children can enroll as soon as the child turns 2 years old. Parents must provide pull ups.**

**To enroll in our Preschool 3’s, 4’s and Pre-K classes, your child must be 3 or 4 years old on or before August 1st depending on the class they will attend, and toilet trained.**

**To register, please submit the non-refundable $100 Registration Fee that includes a school T-Shirt. After you have made initial contact with the preschool, please enroll through the Brightwheel app and start your child’s account with the following information.**

**Please select the days you would like your child to attend. (*If your child is a 4-year-old please select at least 3 days a week to help prepare them for Kindergarten.*)**

**My child will be enrolled in the 2’s program \_\_\_\_\_\_**

**My child will be enrolled in the Preschool Program 3’s, 4’s and 5’s \_\_\_\_\_\_**

Monday\_\_\_\_ Tuesday\_\_\_\_ Wednesday\_\_\_\_ Thursday\_\_\_\_ Friday\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **CHILD’S NAME:** |  | **NAME CHILD GOES BY:** |  |
| **BIRTHDATE:** |  | **MALE/FEMALE:** |  |
| **ADDRESS:** |  |  |  |
|  |  |  |  |
| **HOME PHONE:** |  |  |  |
|  |  |  |  |
| **FATHER’S NAME:** |  | **MOTHER’S NAME:** |  |
| Address: |  | Address: |  |
| Home phone: |  | Home phone: |  |
| Cell phone: |  | Cell phone: |  |
| Email address: |  | Email address: |  |
| Employer: |  | Employer: |  |
| Employer Address: |  | Employer Address: |  |
| Work Phone: |  | Work Phone: |  |
| Work Hours: |  | Work Hours: |  |
| If divorced or separated, which parent has custody? ( ) N/A ( ) Mother ( ) Father ( ) Both |
|  |
| **SIBLINGS IN THE HOME** **(list names and ages):** |  |  |  |
|  |  |  |  |
| **Name of school district:** |  |  |  |
| **Family Church:** |  |  |  |
| **Has your child been baptized? If so, date:** |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **EMERGENCY CONTACTS:** (other than parents and doctor) | (**NAME**) | (**ADDRESS**) | (**PHONE NUMBER**) |
|  |  |  |  |
| 1.) |  |  |  |
| 2.) |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **PHYSICAN:** |  | **PHYSICAN PHONE:** |  |
| **DENTIST:** |  | **DENTIST PHONE:** |  |
| **HOSPITAL:** |  | **HOSPITAL PHONE:** |  |
| **HEALTH CONDITIONS:** |  |  |  |
| **ALLERGIES:** |  |  |  |

**REGULARLY PRESCRIBED MEDICATIONS**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONS AUTHORIZED TO PICK UP CHILD:**

**PLEASE LIST ANY SPECIAL NEEDS YOUR CHILD MAY HAVE:**

**HOW DID YOU HEAR ABOUT KING OF KINGS PRESCHOOL KIDS DAY OUT PROGRAM?**

**FIELD TRIP AND CAMPUS WALKS**

I \_\_\_\_do \_\_\_\_do not give consent for my child to take part in field trips or campus walks under proper supervision. It is my understanding that I will be notified in advance in writing when an off-campus field trip is planned.

**AGREEMENTS**

1. I have been informed of the required health, fire, sanitation, and safety inspections and that the inspection forms will be available for my review. (see Notice of Parental Responsibility)
2. When my child is ill, I understand and agree that my child may not be accepted for school that day.
3. For minor scrapes, bumps, or bruises, I do not need to be contacted. For all other types of injuries, I will be contacted by telephone immediately following the injury and given a written report when I pick up my child.
4. In case of serious accidental injury, I understand King of Kings will make immediate attempt to contact a parent or guardian, as indicated on our emergency form. They will call 911, and until the arrival of a parent, guardian or ambulance, the director is authorized to make the decision for either doctor’s office or closet hospital.
5. I understand there is a $25 late fee after the 10th of each month.
6. I have read and fully understand the policies and procedures set forth in the Parent’s Handbook for King of Kings Lutheran Church Preschool.

**PARENT’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please complete and return this form along with the $100 registration fee (non-refundable) payment to King of Kings Lutheran Church Preschool.**



**Date Application Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Registration Fee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Admission Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Discharge Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**