



STUDENT INFORMATION				
First Name	Mid. Initial	Last Name	Preferred Name	Class Registering For: (circle one) PreK 3's Toddler's
Birth Date	Age	Gender	Languages spoken	Referred by/Found us from:
Address				
City	State	Zip Code	Phone	
PARENT/GUARDIAN CONTACT INFORMATION				
Parent/Guardian #1		Relationship to Student	Home Phone	Cell Phone
Address		City	State	Zip
Employer name and address				Work Phone
Parent/Guardian #2		Relationship to Student	Home Phone	Cell Phone
Address		City	State	Zip
Employer name and address				Work Phone
EMERGENCY CONTACTS (E) and/or AUTHORIZED TO PICKUP INDIVIDUALS (P)				
Name	Code E P	Relationship to Child	Home Phone	Cell Phone
Name	Code E P	Relationship to Child	Home Phone	Cell Phone
Name	Code E P	Relationship to Child	Home Phone	Cell Phone
FOOD ALLERGIES AND FOOD RESTRICTIONS				
We are a nut free school. Please do not send any foods with nuts (check all labels) with your child. We also do cooking activities throughout the year. Please list your child's food allergies, food restrictions (religious or other) or any other information you think is important related to your child and food.				
ENROLLMENT SUBMISSION				
Please submit (1) completed enrollment form, (2) signed financial agreement, (3) the non-refundable first month's tuition and registration fee (if you have not already paid) and (4) completed immunization form to Kids of the Kingdom Christian Preschool, 17625 NW Cornell Rd, Beaverton, OR 97006.				
Parent/guardian signature				Date
Parent/guardian signature				Date

OFFICE USE:	Director Signature			Date
Date enrolled	Reg Fee Rec'd	First Month's Tuition Rec'd	Financial Agreement Received	Immunization Form Received

Make checks payable to Kids of the Kingdom Christian Preschool.

Please complete the backside.

MEDICAL INFORMATION

Doctor's Name

Phone

Dentist's Name

Phone

Medical Insurance Company

Policy/Group Number

Subscriber's Name

Hospital Preference (if none, write NONE, and the closest one will be chosen)

Chronic Illnesses and or allergies school should be aware of (if none, write NONE)

Medical History and/or medical concerns school should be aware of (if none, write NONE)

Medication allergies school should be aware of (if none, write NONE)

Current medications (if none, write NONE)

Please note that the State of Oregon mandates immunizations be current upon enrollment and updated during the school year.

AUTHORIZATION FOR CONSENT TO TREATMENT OF A CHILD

I hereby authorize Kids of the Kingdom Christian Preschool staff at 17625 NW Cornell Rd, Beaverton, OR 97006, to consent to any medical or surgical treatment for (child's name)_____ which such staff members deem advisable in an emergency if a parent or legal guardian cannot reasonably be located when the child is brought for treatment. Kids of the Kingdom also has my permission to request transport of my child by ambulance for emergency medical treatment. I understand that I will be responsible for all costs related to ambulance transportation. This authorization will be effective for the 2021-2022 school year.

Signature of parent or legal guardian_____ Date_____

NOTIFICATION REQUIREMENT FOR WITHDRAWAL FROM SCHOOL

I understand that should I withdraw my child from this Preschool, I will be responsible for providing written notice one month prior to the withdrawal. I will be responsible for one more month's tuition past by withdrawal if one month's written notice is not given.

Signature of parent or legal guardian_____ Date_____

PHOTO AUTHORIZATION

I give my permission for my child to be photographed during classroom hours or fieldtrips by staff. The photos will be used for documentation for my child's portfolio.

____ I DO authorize my child's picture (no names will be used) to be put on the school's website, Facebook, or marketing brochures.

____ I DO NOT authorize my child's picture (no names will be used) to be put on the school's website, Facebook, or marketing brochures.

Signature of parent or legal guardian_____ Date_____

FIELD TRIP AUTHORIZATION

I authorized the school to take my child on walks in the park behind the facility during the school year. For any other field trip that a parent is not in attendance, a separate signed permission slip will be requested from the parent/guardian. If a permission slip is not completed, the child will not be able to attend the field trip.

Signature of parent or legal guardian_____ Date_____