

PRESCHOOL REGISTRATION: Please complete the registration form and mail to
Kid Kingdom Preschool, c/o Blanchard Church of Christ, PO Box 388, Blanchard, PA 16826

Child's Name: _____ Nickname: _____ Date of Birth: _____ Age: _____

Home Address: _____ Home Phone: _____ Number that parent can be reached during preschool: _____

Mother's Name: _____ Father's Name: _____ Emergency Contact if parent is unavailable (name & Phone) _____

Additional person(s) who have permission to pick up your child (individual must provide identification) (Name & Phone) _____

Email Address: _____

Does your child have any allergies? Please list: _____ Does your child take any medication? Please list: _____

Child's family doctor: (Please provide name and phone number) _____ Health Insurance Provider & Policy Number _____

General Permissions:

I give permission for the following for my child _____ (please check all that apply)

_____ to have medical attention and/or go to the hospital in case of an emergency if I/emergency contact individuals can't be reached.

_____ to go outside on expedition / walking field trips with adequate supervision.

_____ to have their picture taken for the newspapers or the church website.

Signature of Parent _____