

KING'S KIDS CHRISTIAN PRESCHOOL

APPLICATION FOR ENROLLMENT

(503) 635-7864 TODAY'S DATE: _____

FAMILY INFORMATION


Child's Name: _____ Name Used: _____
(Nickname)
Date of Birth: _____
Child's Address: _____
Father / Guardian Name: _____ Mother / Guardian Name: _____
Home Address: _____ Home Address: _____

Email Address: _____ Email Address: _____
Home Phone: _____ Home Phone: _____
Cell Phone: _____ Cell Phone: _____
Employer: _____ Employer: _____
Address: _____ Address: _____

Business Phone: _____ Business Phone: _____

REQUESTED CLASS OR DAYS OF ATTENDANCE - CHECK ONE

Please be sure to indicate which day or days you are registering for.

- Two's Class: __ M __ W __ F each week
- Three's Class __ 2 Days M/W each week
__ 3 Days M/W/F each week
- Kindergarten Prep Four's:
 __ 3 Days M/W/F each week
__ 4 Days M/W/TH/F each week
- Jr. Kindergarten Program:
__ 4 Days M/T/W/F each week __ 5 Days M-F

Thanks for your interest in King's Kids Christian Preschool!
When you return this form along with your registration fee, a place will be held for your child on our class roster. Registration is not finished until all forms are complete, and all fees have been paid. All Classes have minimum enrollment requirements.

Please make all checks payable to: King's Kids Christian Preschool