

Child's Doctor _____ Phone Number _____

Allergies _____

Habits _____

Siblings _____ Age _____

_____ Age _____

Does the child have any fears which others should be aware of? _____

Does the child usually play alone? _____

What type of play would you describe as being the child's favorite? _____

What would you like your child to gain from the preschool/playschool? _____

I give permission to use our names/address and telephone number on the class list that is distributed to all class members. Yes _____ No _____

I give permission to use my child's photo on the Church Website without name, address or phone number. Yes _____ No _____

(Web Address: www.clarkstonpres.pcusa.cc/KK/index.html)

Please use the remainder of this form to provide any additional information or list any questions, which might be helpful to us in serving your child through our school.

KINGDOM KIDS PRESCHOOL

PERMISSION TO RECEIVE EMERGENCY MEDICAL CARE

I give permission for my child to use all of the play equipment and to participate in all school activities.

I give permission for my child to leave the school premises under the supervision of a staff member for walks or field trips in an authorized vehicle.

I give permission for my child to be included in evaluations and pictures connected with the school program.

I give permission for the Director of the preschool or a preschool teacher to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent of guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact a parent or guardian through any of the persons listed on the emergency information form.
4. If we cannot contact you or your child's physician, we will do any and all of the following: (a) call another physician, (b) call ambulance, (c) have the child taken to an emergency hospital in the company of a staff member.
5. The child's family will pay any expenses incurred under #4 above.
6. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

Signed _____ Date _____
(Mother or legal guardian)

Signed _____ Date _____
(Father or legal guardian)

We, the parents of _____,
do understand that the Kingdom Kids Preschool/Playschool is run strictly from the tuition
payments. If our tuition payment is later than the 15th of the month, we understand that a **\$5.00**
late charge will be added to our tuition payment. Also, unless prior arrangements have been
made with the bookkeeper, if our payment should go 30 days overdue we will have to withdraw
our child from the preschool program.

(Signed)

(Date)

(Signed)

(Date)