



**King's Kids Preschool Registration Form**

Atonement Lutheran Church  
1980 Silver Lake Road  
New Brighton, MN 55112  
PHONE 651-633-2240 x15 FAX 651-633-9604  
preschool@atonementlutheran-nb.org

SELECT SESSIONS:

4 year old  
M-W-F AM \_\_\_\_\_

3 year old  
T-TH AM \_\_\_\_\_

King's Klub  
All Day  
M \_ T \_ W \_ Th \_ F \_

Child's Name: \_\_\_\_\_ Wants to be called \_\_\_\_\_

Best # to reach you \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Sex: M/F Date of Birth \_\_\_\_\_

Parent/Guardian's #1 Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian's #1 Home Address \_\_\_\_\_

Place of Employment \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail address: \_\_\_\_\_

Parent/Guardian's #2 Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian's #2 Home Address \_\_\_\_\_

Place of Employment \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail address: \_\_\_\_\_

Other children in family (names and date of birth)  
\_\_\_\_\_

Religious Affiliation (Optional) \_\_\_\_\_

Has your child attended a preschool before? Yes/No Where \_\_\_\_\_

Does your child have any physical, mental or emotional handicaps? If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

***Must complete all fields. Note: If your child has not yet seen a dentist, please list a parent's dentist information in the required fields.***

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

In case of emergency, when the parents cannot be contacted, please list anyone authorized to be called and to pick up your child if necessary: (Required)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

**A \$50.00 registration fee is required with you application. It is non-refundable.**

Paid \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions in regard to this registration form, please call 651-633-2240 ext. 15.