



# King's Kids Preschool 2023-2024 Registration Form

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

	AM Half Day (9:15-11:30)	PM Half Day 11:45-3:30	Full Day 9:15-3:30	AM Extended 8:00-11:30	PM Extended 11:45-5:00	Full Extended 8:00-5:00
Mon/Wed/Fri						
Tues./Thur.						
Full Week						
Other (write days that work under preferred times)						

Typically, T/TH mornings are geared toward students aged 3-4. M/W/F mornings are geared toward students ages 4-5. Select the schedule that works best for your family. Please contact us for scheduling options.

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

Best # to reach you during preschool \_\_\_\_\_

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 \_\_\_\_\_

If you have any questions in regard to this registration form, please call 651-633-9604 .

**A \$75.00 registration fee is required with you application. It is non-refundable.**

STAFF USE ONLY:

Registration fee: Paid \_\_\_\_\_ Date \_\_\_\_\_

Tuition Rate: \_\_\_\_\_

Start Date: \_\_\_\_\_

Parent-Teacher conference dates: \_\_\_\_\_  
\_\_\_\_\_