



King's Kids Preschool 2021-2022 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 \$50.00 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: _____
