

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:					
Day of the week:					
$M_{\underline{}}$	_ T	_ W	_ Th	_ F	
AM 9:15-11:30					
Full Day 9:15-3:30					
PM 12:00-3:30					

Child's Name:	Wants to be called	1				
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 to be called and to pick up your child if		
*Name	Phone	Relationship
Address		
		Relationship
Address		
		Relationship
Address		
		Relationship
Address		
	nis registrat	ion form, please call 651-633-2240 ext. 15.
Transfer to the state of the st	ion you up	pricution to is non-returnation
STAFF USE ONLY:		
Registration fee: Paid Date _		
Tuition Rate:		
Start Date:		
Parent-Teacher conference dates:		