

Child Registration Sheet (Primary Age)

Child's Name _____ Child's Age _____

Child's Grade _____

Parents' Names _____

Cell Phone Numbers _____

Emergency Contact Person _____

(Name)

(Phone #)

Does your child have any allergies?

Does your child take any medication?

Are there any custody issues we should know about?

Please list people who are authorized to pick up your child:

Special Instructions for our staff:

Baby Nursery Registration Sheet

(please print)

Child's Name: _____ Date entered class: _____

Child's **Birth** date:(month)_____(day)_____(year)_____

Parents' Names:(first)_____(last)_____

Cell Phone Numbers:_____

Emergency Contact Person:_____

(Name)

(Phone #)

Does your child have any allergies? Yes_____what?_____

Does your child take any medication we should know about?

Are there any custody issues we should know about?

Special Instructions for our staff:

2 and 3 year old classroom Registration Sheet

(please print)

Child's Name: _____ Date entered class: _____

Child's **Birth** date: (month) _____ (day) _____ (year) _____

Parents' Names: (first) _____ (last) _____

Cell Phone Numbers: _____

Emergency Contact Person: _____

(Name)

(Phone #)

Is child Potty Trained: yes _____ No _____

Does your child have any allergies? Yes _____ what? _____

Does your child take any medication we should know about?

Only **parents** or assigned **adults** are authorized to pick up your child, list names: _____

Are there any custody issues we should know about?

Special Instructions for our staff:

Medical Authorization Form

(If your child has life-saving medication needs, ie: epi-pen)

Child's Full Name _____

Parent's Full Name

Address _____

City _____ State _____

Zip _____

Home Phone _____

Cell Phone _____

Instructions:

I authorize a Kingdom Kids adult volunteer to administer medication in case of emergency as described above.

Parent's Signature _____

Date _____