

Date Received _____
 Reg/Material Fee _____
 Check# _____ Cash/Online _____
FOR OFFICE USE ONLY

confirmation

COVENANT KIDS ALIVE PRESCHOOL REGISTRATION FORM 2024

Name of Child: _____
Last First Middle

Name by which you wish your child to be called: _____

Street _____ City _____ Birth Date: _____ Zip Code _____

Phone _____ Gender: Male Female

Email _____

<p>PreSchool (3 by 8/1/2024)</p> <p>Prefer T/T _____ Prefer W/F _____ No Preference _____</p>	<p>3-Day PreK (4 by 8/1/2024)</p> <p>Prefer A.M. _____ Prefer P.M. _____ No Preference _____</p>	<p>4-Day PreK (5 by 12/1/2024)</p> <p>Meets T/W/T/F _____</p>
--	---	--

With whom is the child living? _____

Father's Name: _____ Occupation: _____

Where employed? _____ Phone: _____ Cell Phone: _____

Mother's Name: _____ Occupation: _____

Where employed? _____ Phone: _____ Cell Phone: _____

Names and ages of brothers _____

Names and ages of sisters _____

Has your child attended any preschool previously? _____
 If so, where? _____

Characteristic behavior: calm, excitable, easily angered, shy, aggressive, happy, friendly, cooperative, etc. _____

Hand preference noted _____

Fears (history and manifestation) _____

Favorite play activities, such as blocks, paints, etc. _____

Special experiences or interests, such as trips, bugs, flowers, etc. _____

(over)

What kind of preschool experience would you like your child to have? _____

Any other information you would like to give us to help us better understand your child: _____

Special interest or experiences you have that you would be willing to share with the class: _____

Would you be willing to serve on the Parent Board? _____

HEALTH

Name of child's doctor _____ Phone _____

Serious accidents _____ Operations _____

Hospitalizations _____

Medical needs _____

Has your child ever had a seizure? _____

If so, what kind? _____

Has your child received or now receiving any speech services? _____

Allergies _____

Does your child tire easily? _____

Does your child become excited easily? _____

Any toileting difficulties? _____

Signature _____ Date _____

EMERGENCY CONTACT

I authorize this person to act on my behalf, if I cannot be contacted concerning my child.

- | | | | |
|----|-------|-------|-----------------------|
| 1. | _____ | _____ | _____ |
| | Name | Phone | Relationship to child |
| 2. | _____ | _____ | _____ |
| | Name | Phone | Relationship to child |

<p>For more information check out our website at www.kidsalivewestlafayette.org (or call 765-463-7303.) Covenant Church 211 Knox Drive West Lafayette, IN 47906</p>
