

confirmation

COVENANT KIDS ALIVE PRESCHOOL REGISTRATION FORM 2025

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

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

PreSchool (3 by 8/1/2025)

3-Day PreK (4 by 8/1/2025)

4-Day PreK (5 by 12/1/2025)

Prefer T/T _____	Prefer A.M. _____	Meets T/W/T/F _____
Prefer W/F _____	Prefer P.M. _____	
No Preference _____	No Preference _____	

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. _____

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

For more information check out our website at www.kidsalivewestlafayette.org (or call 765-463-7303.)

Covenant Church
211 Knox Drive
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