

Date Received	_____
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confirmation

# COVENANT KIDS ALIVE PRESCHOOL

## REGISTRATION FORM 2026

Name of Child: \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Name by which you wish your child to be called: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Birth Date: \_\_\_\_\_

Phone \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Email \_\_\_\_\_

**PreSchool** (3 by 8/1/2026)      **3-Day PreK** (4 by 8/1/2026)      **4-Day PreK** (5 by 12/1/2026)

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. \_\_\_\_\_

(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

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

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