

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

# COVENANT KIDS ALIVE PRESCHOOL REGISTRATION FORM 2026

confirmation \_\_\_\_\_

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

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

Street City Zip Code

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

Email Gender: Male Female

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. \_\_\_\_\_

What kind of preschool experience would you like your child to have? \_\_\_\_\_  
(over)

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? \_\_\_\_\_

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**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 \_\_\_\_\_

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**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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