



KING'S KIDS PRESCHOOL

2500 Norfolk Avenue, Norfolk, NE 68701 (402) 371-9005

Classes available will be as follows. All children do need to be toilet trained by the first day of school.

PRE-KINDERGARTEN - Child must be 4-years-old before/by October 15 and will probably attend kindergarten after one year of preschool.

3-day A.M. class	\$60.00/month	_____
3-day P.M. class	\$60.00/month	_____

YOUNGER CLASS - Child must be 3-years-old before/by October 15 and will attend preschool for two years before entering kindergarten

2-day A.M. class	\$45.00/month	_____
2-day P.M. class	\$45.00/month	_____

Registration for present students and their siblings as well as church congregation will begin February 1 for the 06-07 school year.

Registration for general public will begin February 15, 2006.

To register, please complete these forms and return them with a non-refundable \$20.00 registration fee per child to the following address or to the Our Savior Lutheran Church office.. You will receive verification of admittance upon receipt.

King's Kids Preschool
Our Savior Lutheran Church
2500 Norfolk Avenue
Norfolk, NE 68701

If you have any questions, call the Church Office at 371-9005, my home 565-4222, my cell 750-8825. Please leave your name, your number, and a message so that I may get back to you.

Stacy Maier
Director/Teacher

REGISTRATION FORM

Child Name-Last _____ Home Congregation or Church _____

First _____ Middle _____ Baptismal Date _____

Street Address _____ Does your child attend Church? Yes No
Sunday School? Yes No

City _____ Zip _____

Names I wish to have my child called _____

Home Phone# _____

Sex _____ Birthdate _____

Parent with Legal Custody: Mother Father Both Other _____

Brothers/Sisters Names and Ages _____

Has your child attended preschool previously? _____

If so, where _____

Who has charge of the major part of your child's daytime care? Circle one

Parent

Relative

Babysitter

Day Care

FATHER

Name: _____ Employer: _____

Address: _____ Address: _____

City: _____ City: _____

Phone: _____ Cell# _____ Phone: _____

Working hours: _____

MOTHER

Name: _____ Employer: _____

Address: _____ Address: _____

City: _____ City: _____

Phone: _____ Cell# _____ Phone: _____

Working hours: _____

REGISTRATION FORM
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PLEASE LIST THE PEOPLE WHO WILL BE RESPONSIBLE FOR YOUR CHILD IN CASE OF AN EMERGENCY AND TO WHOM THE PRESCHOOL STAFF MAY RELEASE THE CHILD. (Please indicate if person listed is your child's babysitter)

Name: _____ Name: _____
Address: _____ Address: _____
City: _____ Phone: _____ City: _____ Phone: _____

If your child is at a babysitter before and after preschool, and becomes ill during preschool time, please list the person we would contact:

Name: _____ Address: _____ Phone: _____

Has the child any fears we should know about? _____

What would you like your child to gain from the preschool experience? _____

Age of child when starting preschool: _____ Recommended by? _____

Do you give permission for your phone number to be released for the purposes of carpooling, birthday parties, before or after school playing with classmates?

Yes ___ No ___

Comments:

KING'S KIDS PRESCHOOL HEALTH INFORMATION

Physical limitations, health problems or current illnesses: _____

Allergies to food? _____

Allergies to medicines? _____

**If any of the previous information changes during the year please contact us immediately. **

CONSENT TO CONTACT PHYSICIAN IN AN EMERGENCY:

In the event I cannot be reached to make arrangements, I hereby give my consent to staff of Our Savior Lutheran Church to contact _____ in the city of _____ (name of physician)

Physician's Phone: _____ Today's date: _____

Parent Signature: _____

IMMUNIZATION INFORMATION REQUIRED BY NEBRASKA STATE LAW

Dear Parents,

Due to state law we are required to have a newly updated immunization form on record each year. **Please attach a copy of your child's immunization form.** If the parent does not submit this information to the King's Kids Preschool within 30 days of enrollment, we are required to exclude the student from attending school until the appropriate information is provided.

Please contact the director if you abstain from immunizations according to religious or personal beliefs.