

KINGDOM KIDS CHRISTIAN PRESCHOOL
a ministry of Mt. Lebanon Evangelical Presbyterian Church
255 Washington Rd, Pittsburgh, PA 15216
412 531-6227 x 103 www.KingdomKidsPgh.org

Child's Name _____

Birth Date _____ Nickname _____

Male/Female (Circle one)

Street Address _____ City/Zip code _____

Child lives with _____ Public School District _____

Mother's name _____

Father's name _____

Mother's Cell Phone _____ Father's cell phone _____

Email address _____ Home Phone _____

Mother's Work Place _____ Father's work place _____

Languages spoken in the home _____

Are the child's immunizations on schedule and up to date? _____

List all family members living with the child [Include parents, siblings(age), grandparents & others]

List parents, step-parents, siblings or step-siblings NOT currently living with the child

Does the child have a caretaker who would be bringing the child to school, other than the parents?

Tell us about previous experiences your child has had interacting with other children, such as playgroups, neighbors, previous nursery schools, Parents Morning Out, Sunday School, etc.

Church affiliation, if any : _____

What are your child's likes and interests? _____

Any fears or concerns? _____

Do you have any concerns about any area of your child's development? (i.e. speech, hearing, attention span, health) _____

In what areas would you like to see your child develop and grow this year? _____

TRANSPORTATION INFORMATION

Please list the primary people who will be transporting your child to and from school on a regular basis.

Name _____ Phone # _____

Name _____ Phone # _____

In case of an emergency, if no one on the list above is available to transport your child home from school, please list other adults who would have your permission to transport your child.

Name _____ Phone # _____

Name _____ Phone # _____

If there is someone who you DO NOT ALLOW to see, pick up or transport your child for any reason, please explain below. All information will be kept confidential. _____

MEDICAL/EMERGENCY INFORMATION (Please be sure that all information is easy to read)

Child's physician _____ Phone _____

Hospital preference _____

Medical conditions, medical history, or ALLERGIES that KKCP should be aware of:

Should your child become ill or injured while at school, please list the order of preference of who should be contacted, and all phone numbers where they can be reached.

1. **Name:** _____

Phone numbers:

Relationship to child: _____

2. **Name:** _____

Phone numbers:

Relationship to child: _____

3.. **Name:** _____

Phone numbers:

Relationship to child: _____

IT IS IMPORTANT THAT YOU NOTIFY US OF ANY CHANGES in address, phone numbers, medical information, or family situations that occur throughout the school year. Thank you

Parent/Guardian Signature

Date