



I REGISTRATION I EMERGENCY CONTACT I

Parent/Guardian Names: _____

Child's Name: _____ Birthday: _____

Address: _____

City, State, Zip: _____

Mom Phone: _____ Dad Phone: _____

Mom Email: _____

Dad Email: _____

Daycare Provider: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Physician: _____ Phone: _____

Pre-School (3-4 yrs old)

Tues/Thurs

9:00-11:30

\$120/mo

Pre-K (4-5 yrs old)

Tues/Wed/Thurs

9:00-11:30

\$180/mo

A non-refundable Deposit/Registration Fee: \$50 (Pre-S) • \$75 (Pre-K)

The registration fee includes supplies & snacks for the year

Registration Fee:

Paid: _____

Date: _____

I PICK UP I MEDICAL CONSENT I PHOTO RELEASE I

PICK UP

Persons who are able to pick up your child, other than your spouse:

1. _____ Relationship: _____

2. _____ Relationship: _____

Please be aware that we may ask for identification for those we are unfamiliar with.

MEDICAL CONSENT

I, _____, parent/legal guardian of _____

_____ authorize and consent to emergency medical care to be performed for my child by any licensed medical practitioner or CPR/First Aid certified employee when deemed immediately necessary to safeguard my child's life and health.

Signature: _____ Date: _____

Child's Doctor: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Allergies:

Medications taken on regular basis:

Important health information:

PHOTO RELEASE

I give my permission to release photos of my child to other families within Kids Korner. We maintain a private Facebook page that only parents/teachers can access where

photos are uploaded on occasion as well as important announcements. In addition an end of year photo book is often given at graduation.

No photo will be distributed, printed, used or shared publicly or commercially

_____ (Initial)