

KIDDIE KOLLEGE REGISTRATION 2016-2017

Child's age as of 9/1/2016: _____
Ones-2 days (\$180/mo x 10 months)
Ones-3 days (\$215/mo x 10 months)
Ones-5 days (\$270/mo x 10 months)
Twos-2 days (\$180/mo x 10 months)
Twos-3 days (\$215/mo x 10 months)
Twos-5 days (\$270/mo x 10 months)
Threes (\$260/mo x 10 months)
Pre-K (\$260/mo x 10 months)

e-mail: _____
FUMC member: yes no
Reg. Paid: cash check

CHILD INFORMATION

Child's Full Name: _____
Name Called: _____ Sex: _____
Date of Birth: _____ Race: _____
Child's Home Address: _____
City/State/Zip: _____

PARENT/GUARDIAN INFORMATION

Father's Name: _____ Primary Phone: _____
Father's Employer: _____
Mother's Name: _____ Primary Phone: _____
Mother's Employer: _____
Statement will be addressed to parents and mailed to home address unless
otherwise indicated here: _____

EMERGENCY CONTACT INFORMATION

1) Name: _____ relationship: _____
Home phone: _____ work phone: _____
2) Name: _____ relationship: _____
Home phone: _____ work phone: _____

FAMILY INFORMATION

Brothers and/or sisters (list ages and whether they live with child):

Any others living with the child and their relationship to the child:

CHILD'S PERSONAL HISTORY

Has child had previous group or preschool experience? _____

If so, where and when? _____

Does child have allergies? _____

If so, to what? _____

In the event of an allergy attack, what do you want Kiddie Kollege to do?

Other medical problems of which we should be aware:

What words does child use for toileting? _____

Does child have bowel or bladder irregularities? _____

Describe:

Special food or eating instructions:

Child's favorite color: _____

Child's favorite toy: _____

Child's pet's name and kind: _____

Child's favorite food: _____

Please give us any additional information that could improve our communication and relationship with your child (discipline, comforting, etc)
