

Date Received	_____
Registration	_____
Materials Fee	_____
FOR OFFICE USE ONLY	

COVENANT KIDS ALIVE PRESCHOOL REGISTRATION FORM 2010

Name of Child: _____
Last
First
Middle

Name by which you wish your child to be called: _____

Street _____ City _____ Zip Code _____
 Phone _____ Email _____ Birth Date: _____
 Gender: Male _____ Female _____

<p>3 year old class (by 9/1/10)</p> <p>Prefer T/T _____</p> <p>Prefer W/F _____</p> <p>No Preference _____</p>	<p>4 year old class (by 9/1/10)</p> <p>Prefer A.M. _____</p> <p>Prefer P.M. _____</p> <p>No Preference _____</p>	<p>4/5 year old class (5 by Dec. 1, 2010)</p> <p>Meets T/W/T/F _____</p>
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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? _____

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? _____

HEALTH

Name of child's doctor _____ Phone _____

Serious accidents _____ Operations _____

Hospitalizations _____

Handicaps (eyes, ears, feet, etc.) _____

Has your child ever had a seizure? _____

If so, what kind? _____

Allergies _____

Does your child tire easily? _____

Does your child become excited easily? _____

Any toileting difficulties? _____

Signature _____ Date _____

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.covenantpres.org (or call 765-463-7303.)

Covenant Church
211 Knox Drive
West Lafayette, IN 47906