



REGISTRATION FORM
KIDNECT PRESCHOOL
7706 S. 96TH STREET
LaVISTA, NE 68128

SESSION:
MWF AM _____
MWF PM _____
M-F AM _____
TTH AM _____

Child's Full Name: _____

Child's Home Address: _____

City and Zip Code: _____

Child's Home Phone #: _____

Birthdate: _____ Sex: M _____ F _____

Father's Name: _____

Address: _____ Zip Code: _____

Cell Phone: _____ Email: _____

Employer: _____ Phone: _____

Occupation: _____

Mother's Name: _____

Address: _____ Zip Code: _____

Cell Phone: _____ Email: _____

Employer: _____ Phone: _____

Occupation: _____

Marital status of child's parents: _____

Current Church Membership: _____ Where: _____

Is the child baptized? Yes _____ No _____ Baptismal Date: _____

Other children in the family: _____ Age: _____

_____ Age: _____

_____ Age: _____

(over please)

Enrollment Date: _____

Has your child had any serious illnesses, operations, accidents or hospital experiences?

Y _____ N _____

If yes, please explain:

Any health problems the preschool staff should know about:

How will staff deal with this health problem:

Medication: _____

Food Allergies in detail please: _____

Has your child chosen a hand preference? Right _____ Left _____ Not Yet _____

Does your child have any fears we should be aware of?

What kinds of group experiences has your child had?

What would you like your child to gain from his/her preschool experience?

How (or from whom) did you hear about Kidnect/Beautiful Savior?

****If you choose to enroll, please include the \$50.00 registration fee to hold your spot. Please make checks payable to Kidnect Preschool. Thanks!***