

King's Kids Preschool & Daycare center
APPLICATION FORM

Child's Full Name: _____ Today's Date: _____

Child's Nick Name: _____ Sex: _____

Birthdate of Child: _____ Age: (years) _____ (months) _____

Address: _____

City/State/Zip: _____ Home Phone: _____

Child's Favorite Interests: _____

Child's Experience with Group Situations: _____

Child's Siblings' Name and Age: _____

Other Adults in Home (Name; relationship) _____

Custodial Parent(s):

Mother: _____ Work Hours: _____ Occupation: _____

Home Address: _____ Home Phone: _____

Place of Employment: _____

Work Address: _____ Work Phone: _____

Father: _____ Work Hours: _____ Occupation: _____

Home Address: _____ Home Phone: _____

Place of Employment: _____

Work Address: _____ Work Phone: _____

How should a staff member reach you if your child needs emergency medical care or he/she is sick:

Existing medical problems/allergies/illness: _____

Starting date: _____ Full Time _____ Part Time

Days Needed: M _____ T _____ W _____ Th _____ F _____

Hours Needed: _____ to _____