



Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Major Crossroads: \_\_\_\_\_

Age of Child: \_\_\_\_\_ (as of September 1, 2018) Gender: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell Phone Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell Phone Number: \_\_\_\_\_

Which phone number do you want listed on the class contact list? \_\_\_\_\_

Can we add your email address to the class contact list? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Please Check the Classes of Your Choice:

Half-Day Classes from 9:00 a.m. to 11:30 a.m.:

- \_\_\_ 3's Class 2 Day (M/W or T/TH a.m.) \_\_\_ Pre-K Class (M thru TH a.m.)
\_\_\_ 3's Class 3 Day (T/W/TH a.m.) \_\_\_ Friday Fun Day - All Ages (Fri. 9:00 a.m. to 1:00 p.m.)
\_\_\_ T/TH 11:30 a.m. to 3:00 p.m., Lunch Bunch and Extended Day Class
\_\_\_ M/W 11:30 a.m. to 3:00 p.m., Lunch Bunch and Extended Day Class

King of Glory Parent Agreement:

As a King of Glory Preschool Parent, I will:

- 1. Make tuition payment the first of every month. I understand a late fee of \$10.00 will be added to the monthly fee if payment is made after the tenth of the month. Also, I will pay monthly whether or not my child is able to attend school every day.
2. Keep my child home if there are any signs of illness or other communicable disease.
3. Obtain required immunizations for my child and keep them updated.
4. Provide snack for my child's class at least once per month during the school year.
5. Participate in one special day or party day at school with my child if possible.
6. Attend the Parent Orientation Night prior to the start of preschool to familiarize myself with King of Glory Preschool policies and gain information on what is expected of the parent helper when they are in the classroom.
7. Notify the teacher if my child is to be picked up by someone other than myself.
8. Keep information on the blue emergency card current and up-to-date.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Form with checkbox and text: I give King of Glory Preschool permission to use my child's image on promotional materials such as posters, flyers, brochures, newsletters, digital newsletters, DVD's, and/or on the KOG website. Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Form titled 'How did you hear about us?' with fields for Friend, Website, Banner, KOG Church, Facebook, Advertising, Other, and Online Directory.

Form titled 'OFFICE USE ONLY:' with fields for Amount Paid, Check #, Date, BEC, IMMUN, and Referred by.