



Child's Name: _____ Date of Birth: _____

Address: _____

City: _____ Zip Code: _____ Major Crossroads: _____

Age of Child: _____ (As of August 1, 2020) 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:

Core Learning Classes from 9:00 a.m. to 11:30 a.m.:

____ 3's Class 2 Day (T/TH a.m.)

____ 3's Class 3 Day (T/W/TH a.m.)

____ Pre-K Class (M thru TH a.m.)

____ T/TH 11:30 a.m. to 3:00 p.m., Lunch Bunch and Extended Day Class

____ Friday Fun Day - Once a month (dates to be determined) - All Ages (Fri. 9:00 a.m. to 1:00 p.m.)

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 procedures.
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: _____

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: _____

How did you hear about us?

Friend: _____ Facebook: _____

Website: _____ Advertising: _____

Banner: _____ Online Directory: _____

KOG Church: _____ Other: _____

OFFICE USE ONLY:

Amount Paid: _____ Check #: _____ Date: _____

BEC: _____ IMMUN: _____ Referred by: _____