



Registration Form 2018-19

Student Information

Student Name _____ Sex M or F Grade _____
Last First Middle
Date of Birth _____ Address(street) _____ City _____ Zip _____
Home Phone _____ Child Lives with _____

Child's Ethnicity (Circle one)- Caucasian, Hispanic/Latino, American Indian/Alaska Native, Black/African American
Native Hawaiian/Other Pacific Island, Other (specify) _____

Family Information:

Custody- Mother ____ Father ____ Both ____ Other ____ (list)

Mother's name _____	Father's Name _____
Address _____	Address _____
Employer _____	Employer _____
Work Phone _____	Work Phone _____
Mother's Occupation _____	Father's Occupation _____
Cell Phone _____	Cell Phone _____
Email _____	Email _____

Siblings also attending KCA _____

Are you active members of a church? _____ If so where _____

Medical Information:

I hereby grant permission for the staff of KCA to contact the following medical personnel to obtain emergency medical care if warranted and give permission for 911 call to be made in case of dire emergency.

Doctor _____ Address _____ Phone _____

Hospital Preference _____

Please list any allergies, special medical or dietary needs or other areas of concern:

You must provide immunization and physical form and birth certificate in order for your child to attend the first day of school.

Any medicine to be administered to the child must be brought in the original container and brought by the parent to the director with explicit instructions as to how and when to give to the child. A record of medication given will be kept in the office.

Contacts/Persons who may pick up your child/children:

Children will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from KCA in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached. A driver's license ID must be shown to take children from KCA. Any prearranged pickup situations must be sent in in writing to the facility. If a parent cannot be reached these people may be contacted for information on your child.

Name _____ Home # _____ Work# _____ Cell# _____

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Name _____ Home # _____ Work# _____ Cell# _____

Name _____ Home # _____ Work# _____ Cell# _____

Other Information:

Please list any other helpful information about your child or your family.

Please indicate your choice of programs in which you wish to enroll your child.

Elementary _____ Grade _____

VPK _____

2/3 Yr. Olds Tues./Thurs. _____

2/3 Yr. Olds Mon./Wed./Fri. _____

2/3 Yr. Olds Mon- Fri. _____

Will your child/children be staying in Extended Day on a: (circle one) daily basis, occasionally

What hours will your child/children be attending Extended Day? _____ am to _____ pm

Date of beginning school _____

I acknowledge that all of the above is correct.

Parent/Guardian Signature _____ Date _____