

Kiddo's Korner Preschool

2728 Stony Point, Grand Island, NY 14072
716-773-7730

Registration Form

Kiddo Information:

Full Name: _____ Nick Name: _____

Birth Date: _____ Allergies: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

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### Program of Interest:

#### 2 year olds

- Full Time (5 days)
- Part Time (3 days) M/W/F
- Part Time (2 days) T/TH
- Before M T W TH F
- Estimated drop off time: \_\_\_\_\_
- After M T W TH F
- Estimated pick up time: \_\_\_\_\_

#### 3 year olds

- Full Time (5 days)
- Part Time (3-4 days)  
M T W TH F
- Before M T W TH F
- Estimated drop off time: \_\_\_\_\_
- After M T W TH F
- Estimated pick up time: \_\_\_\_\_

#### 4/5 year olds

- Full Time (5 days)
- Part Time (3-4 days)  
M T W TH F
- Before M T W TH F
- Estimated drop off time: \_\_\_\_\_
- After M T W TH F
- Estimated pick up time: \_\_\_\_\_

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Parent Information:

Mother/Guardian Information

Father/Guardian Information

Full Name _____

Address _____

Home Phone _____

Cell Phone _____

Employer _____

Work Phone _____

Email _____

I would like to receive the lunch menu and newsletter via email.

Emergency Contacts: (other than parents)

Primary Emergency Contact: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Relationship to Child: _____

Secondary Emergency Contact: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Relationship to Child: _____



Adults authorized to pick up my child (other than parents):

(Authorized adults picking up child, other than parents will be required to show ID)

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Immunization Record:

In addition to the registration form, a current (within the last 12 months) copy of your child's immunization record will need to be on file for your child to attend the preschool.

Signature: _____ **Date:** _____

Office Use Only: Date: _____ <input type="checkbox"/> \$100 Nonrefundable Registration Fee Received

Permission Slip

1) I give Kiddo's Korner permission to apply sunscreen and/or diaper cream to my child.

Yes No

2) My child is able to walk to Veterans Park and play on the playground equipment there.

Yes No

3) My child is able to participate and interact with the special guests brought in throughout each week.

Yes No

4) My child is able to be photographed and photos can be used in the building, website, and Facebook.

Yes No

5) My Child is able to interact with SPCA Paws for Love Therapy Dogs throughout the school year.

Yes No

6) My child is able to play on all playground equipment at Kiddo's Korner.

Yes No

Print Name: _____

Signature: _____ Date: _____