

# Kiddo's Korner Preschool

2728 Stony Point, Grand Island, NY 14072

## Phone/Fax 716-773-7730 Registration Form

### Kiddo Information:

Full Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Allergies: \_\_\_\_\_ Male  Female

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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### Program of Interest:

| <u>2-Year-Olds</u>                         | <u>3-Year-Olds</u>                                   | <u>4/5-Year-Olds</u>                                 |
|--------------------------------------------|------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Full Time M-F     | <input type="checkbox"/> Full Time M-F               | <input type="checkbox"/> Full Time M-F               |
| <input type="checkbox"/> Part Time T/Th    | <input type="checkbox"/> Part Time (Flexible 3 Days) | <input type="checkbox"/> Part Time (Flexible 3 Days) |
| <input type="checkbox"/> Part Time M/W/F   | M T W Th F                                           | M T W Th F                                           |
| <input type="checkbox"/> Before M T W Th F | <input type="checkbox"/> Before M T W TH F           | <input type="checkbox"/> Before M T W TH F           |
| Estimated drop off time_____               | Estimated drop off time_____                         | Estimated drop off time_____                         |
| <input type="checkbox"/> After M T W Th F  | <input type="checkbox"/> After M T W TH F            | <input type="checkbox"/> After M T W TH F            |
| Estimated Pick Up Time_____                | Estimated pick up time_____                          | Estimated pick up time_____                          |

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### Parent Information:

#### Parent 1/Guardian Information

#### Parent 2/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 parent/guardian)

**Primary** Emergency Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Secondary** Emergency Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

\*In case of emergency please transport my child to \_\_\_\_\_  
(name of hospital)



**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 and physical will need to be on file for your child to attend the preschool.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office Use Only: \_\_\_\_\_

Date Received \_\_\_\_\_

\$100.00 Non-refundable 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, newsletters and ClassTag.  
 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: \_\_\_\_\_