

Kiddo's Korner Preschool
2728 Stony Point Rd., 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: _____



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 _____
(There is no after school offered for the 2-year-old program)	<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 _____



<u>Parent Information:</u>	<u>Parent 1/Guardian Information</u>	<u>Parent 2/Guardian Information</u>
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 _____	<input type="checkbox"/> \$125.00 Nonrefundable Registration Fee Received
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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 (only for kiddos in the 4/5 year old class).

Yes No N/A

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 ClassDojo.

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: _____