

# KIRKLAND PRESCHOOL

... where children learn by doing



Child's Name \_\_\_\_\_

Preschool session requested: *(please refer to brochure for class descriptions)*

Kirkland Preschool (4 - 5½ yr.) TWTh AM (9-11:30) \_\_\_\_\_ or PM (12:30-3) \_\_\_\_\_  
*for children entering kindergarten 09/2012*

Little Friends (3 - younger 4 yr.) TTH (9:15-1:15) \_\_\_\_\_ or MWF (9:15-1:15) \_\_\_\_\_  
*for children who are NOT entering kindergarten 09/2012*

Gender \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_ Living with both parents? \_\_\_\_\_ or \_\_\_\_\_

Parent's Name \_\_\_\_\_

Preferred phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

Address (include city, zip) \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Parent's Name \_\_\_\_\_

Preferred phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

Address (include city, zip) \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Preferred email address \_\_\_\_\_

Secondary email address \_\_\_\_\_

Other caregiver's name & phone number *(child care provider who brings child to/from school on a regular basis)*

In case of emergency, when unable to contact parents, this person can be contacted and is authorized to release child from school:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

*(Other release forms are also kept on record during the school year.)*

Doctor/Practitioner \_\_\_\_\_ Phone \_\_\_\_\_

Names of other children in family: \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Allergies or food restrictions \_\_\_\_\_

Vision, hearing, speech or learning concerns \_\_\_\_\_

Current dates for immunizations: Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella \_\_\_\_\_ Polio \_\_\_\_\_

DTaP \_\_\_\_\_ Hib \_\_\_\_\_ Hepatitis A \_\_\_\_\_ Hepatitis B \_\_\_\_\_ "Chicken Pox" \_\_\_\_\_

PCV7 \_\_\_\_\_ Meningococcal \_\_\_\_\_ PPV \_\_\_\_\_ Influenza \_\_\_\_\_

*If your child is not immunized, please tell us why* \_\_\_\_\_

Former preschools or group experiences \_\_\_\_\_

Please share something special about your child \_\_\_\_\_

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### PARENT PARTICIPATION:

Tuition reflects family participation on a regular basis (5 to 8 times during the year, depending on class). Can you make this commitment? \_\_\_\_\_

All families agree to help in some capacity with our annual school fundraising efforts. Can you make this commitment? \_\_\_\_\_

### BLANKET PERMISSION SLIP FOR FIELD TRIPS:

\_\_\_\_\_ has my permission to travel on all field trips with Kirkland Preschool (including the Little Friends classes). I understand that he/she will usually travel in our family car, but possibly may travel with my permission seat belted into an approved car seat or booster (provided by me), in private cars with licensed and insured drivers; or will be travelling on licensed and insured mass transit systems; or will be walking in supervised groups. Specific notice will be given prior to any such trips.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

### CONSENT FOR MEDICAL CARE AND TREATMENT:

I, \_\_\_\_\_, am the parent or guardian having legal custody of the child named on the front of this form. I authorize all medical, diagnostic, surgical, and hospital care or procedures, as well as emergency transportation, which may be performed or prescribed for my child by a licensed physician or hospital or emergency medical personnel, when efforts to contact me are unsuccessful and when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Please designate: \_\_\_\_\_ Natural or adoptive parent      \_\_\_\_\_ Legal Guardian

**Please mail this registration form and a check for \$75.00, payable to Kirkland Preschool.** This is a non-refundable registration fee. The 1<sup>st</sup> of 10 tuition payments is due 6/15/11, and is non-refundable.

**Please mail to:  
Kirkland Preschool  
802 – 2nd Street  
Kirkland, WA. 98033**

Registrations for new families are processed no earlier than 2/17/11. We advise mailing the application to arrive before then, because on that day, we are not available to accept "walk-in" applications. Confirmations (or waiting list notification) will be mailed on the following day or as applications are received and processed after that date.

Questions??? Call Carolyn at (425) 822-4450, or (425)941-3745, or (425) 821-2594  
Send email to: [info@kirklandpreschool.org](mailto:info@kirklandpreschool.org)