



Registration Form

Today's Date ____/____/____

Child Information

Name of Child _____ Boy ____ Girl ____

Date of birth ____/____/____

Home Address _____

City _____ State _____ Zip _____

Primary phone number _____

Enrollment

- Tues/Thurs
- Wed
- Tues/Wed/Thurs

Family Information

Parents are: Married Separated Divorced Unmarried

Father's Name _____

Home Address _____

Home Phone ____/____/____ Cellular ____/____/____

Driver's license # & state where issued _____

E-mail Address _____

Name of Employer _____

Mother's Name _____

Home Address _____

Home Phone ____/____/____ Cellular ____/____/____

Driver's license # & state where issued _____

E-mail Address _____

Name of Employer _____

Other Children in the family:

Name _____ Date of birth: ____/____/____

Name _____ Date of birth: ____/____/____

Name _____ Date of birth: ____/____/____

Name _____ Date of birth: ____/____/____

Church Affiliation

Church to which family belongs:

Medical Information (to be completed by parent/guardian)

Previous and/or existing illnesses or injuries:

Medication Prescribed for Long Term Use: _____

Special Instructions/Needs:

Allergies: _____

Doctor to call in case of an emergency: _____

Doctor's Address: _____

Doctor's Phone: _____

Parental Authorization for Medical Care

In case medical attention is needed for my child and neither parent can be reached by phone, I authorize the Kindle staff to take whatever emergency medical measures deemed necessary for the protection of my child while he/she is in their care. I understand that this authorization may include calling the physician named above, implementing his/her instructions, and transporting my child to a hospital or clinic without first obtaining my consent. I will not hold the staff liable for any accident or injury to the child while he/she is at the center, provided any such accident or injury is not caused by the staff's negligence or willful acts.

Signature of parent or guardian & date

Emergency Information

Name and number of relative or friend to contact in case of an emergency:

Name _____ Relationship _____

Phone ____/_____

Name _____ Relationship _____

Phone ____/_____

Child Release Information

Other than parent/guardian listed, I hereby authorize Kindle Preschool to allow my child to leave ONLY with the following persons (any changes must be made in writing to the director)

Name _____ Relationship _____
Phone ____/____/____ Driver's License Number _____

Name _____ Relationship _____
Phone ____/____/____ Driver's License Number _____

Signature of parent or guardian & date

If you have any questions please contact:

Lisa Olson, Kindle Preschool Director
Phone: (479) 899-3656

Lisa@gracepointchurch.net

Please return completed form to:

Grace Point Church
1201 McCollum Rd, Bentonville, AR 72712
(479) 464-7223 Web: www.GracePointChurch.net
Office hours: Monday through Thursday, 8:30 AM to 4:30 PM

OFFICE USE: Date application received: ____/____/____

Received by: _____