



## Registration Form

2019-2020 School Year

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 \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's license # & State Issued \_\_\_\_\_

E-mail Address \_\_\_\_\_

Name of Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Phone \_\_\_\_/\_\_\_\_/\_\_\_\_

**Mother's Name** \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License # & State Issued \_\_\_\_\_

E-mail Address \_\_\_\_\_

Name of Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Phone \_\_\_\_/\_\_\_\_/\_\_\_\_

### 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:**

**Jen Rediske, Kindle Preschool Director**  
**Phone: (479) 899-3656**

[jen@gracepointchurch.net](mailto:jen@gracepointchurch.net)

**Please return completed form to:**

**Grace Point Church**  
1201 McCollum Drive, Bentonville, AR 72712  
(479) 464-7223

Office hours: Monday through Thursday, 8:30 AM to 4:30 PM  
[www.gracepointchurch.net](http://www.gracepointchurch.net)

**OFFICE USE: Date application received: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Received by: \_\_\_\_\_**