



KING'S CHILDREN PRESCHOOL Application Form

"Caring for the whole child as God's gift"

Child's Legal Name _____

Nickname _____ Birthdate _____

Child's Home Address _____

Street

City

Town

ZIP

Child's Home Phone _____

PARENT/GUARDIAN INFORMATION

Father's Name _____ Phone _____

Father's Address _____

Email Address _____

Father's Occupation/Place of Employment _____

Phone _____

Mother's Name _____ Phone _____

Mother's Address _____

Email Address _____

Mother's Occupation/Place of Employment _____

Phone _____

FAMILY INFORMATION

Siblings by Name and Ages (please indicate whether or not they live with the child)

List any other people living with the child and their relationship

Church in which your family are active members _____

(over)

CLASS PLACEMENT

- _____ Preschool - Tuesday/Thursday
- _____ Pre-Kindergarten - Monday/Wednesday/Friday
- _____ Childcare (list days)

PICK-UP INFORMATION

Persons authorized to pick up child _____

CHILD’S PERSONAL HISTORY

Does your child appear to be right or left-handed? _____

Has your child had a previous group/preschool experience? _____

 If so, when & where? _____

List any allergies _____

List any medical problems we should be aware of _____

Words you child uses for going to the bathroom _____

List any special foods or eating instructions _____

What is your child’s concept of God? _____

Any additional information such as discipline, comforting, etc., you feel we should be aware of?

APPLICATION FEE \$100.00 (Make check to “King’s Children Preschool”)

Date Application Received _____

Check # _____

Received By _____

Non-refundable

King’s Children Preschool
 503-636-8683
Triumphant King Lutheran Church
 4700 Lamont Way, Lake Oswego, OR 97035
 www.tklc-lcms.org