

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 medical problems we should be aware of _____

PLEASE ENCLOSE WITH THIS APPLICATION YOUR CHILD’S CURRENT IMMUNIZATION RECORDS –THESE ARE MANDATORY.

Words your 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 payable to “King’s Children Preschool”)

Date Application Received _____

Check # _____

Received By _____

King’s Children Preschool
(503) 636-8683
Triumphant King Lutheran Church
4700 Lamont Way, Lake Oswego, OR 97035

APPLICATION FEES ARE NON REFUNDABLE.