

**Kiddo's Korner Preschool**  
**2728 Stony Point, Grand Island, NY 14072**  
**Phone/Fax 716-773-7730**

## Registration Form

### Kiddo Information:

Full Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Allergies: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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### Program of Interest:

| <u>2 Year Olds</u>                                   | <u>3 Year Olds</u>                                          | <u>4/5 year Olds</u>                                        |
|------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Part Time (3 days)<br>M/W/F | <input type="checkbox"/> Full Time (5 days)                 | <input type="checkbox"/> Full Time (5 days)                 |
| <input type="checkbox"/> Part Time (2 days)<br>T/Th  | <input type="checkbox"/> Part Time (3-4 days)<br>M T W TH F | <input type="checkbox"/> Part Time (3-4 days)<br>M T W TH F |
| <input type="checkbox"/> Before<br>M T W TH F        | <input type="checkbox"/> Before M T W TH F                  | <input type="checkbox"/> Before M T W TH F                  |
|                                                      | <input type="checkbox"/> After M T W TH F                   | <input type="checkbox"/> After M T W TH F                   |

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### Parent Information:

### Mother/Guardian Information

### Father/Guardian Information

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

☐ I would like to receive the lunch menu and newsletter via email.

**Emergency Contacts: (Other than parent/guardian)**

**Primary** Emergency Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Secondary** Emergency Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

\*In case of emergency please transport my child to \_\_\_\_\_.  
(name of hospital)

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**Adults authorized to pick up my child (other than parents):**

(Authorized adults picking up child, other than parents will be required to show ID)

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**Immunization Record:**

In addition to the registration form, a current (within the last 12 months) copy of your child's immunization record and physical will need to be on file for your child to attend the preschool.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office Use Only:

Date: \_\_\_\_\_

☐ \$85 Registration Fee Received

## Permission Slip

1) I give Kiddo's Korner permission to apply sunscreen and/or diaper cream to my child.

☐ Yes    ☐ No

2) My child is able to walk to Veterans Park and play on the playground equipment there.

☐ Yes    ☐ No

3) My child is able to participate and interact with the special guests brought in throughout each week.

☐ Yes    ☐ No

4) My child is able to be photographed and photos can be used in the building, website and ClassTag.

☐ Yes    ☐ No

5) My child is able to interact with SPCA Paws for Love Therapy Dogs throughout the school year.

☐ Yes    ☐ No

6) My child is able to play on all playground equipment at Kiddo's Korner.

☐ Yes    ☐ No

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_