

King's Kids Pre-K Registration Form

School Year(s) _____ - _____ / _____ - _____

____ Yes, I plan to attend King's Kids for 2 years ***Must be 3 1/2 by September 1***

State of Illinois

Department of Children and Family Services

CFS 428
Rev. 4/2001

For Office Use:

Date _____

Check # _____

M/W Tu/Th

C.L. _____

APPLICATION/RECORD OF CHILD INFORMATION

Name of Child _____ Birthdate _____ Sex _____

Address _____

Date Child Received _____ Date Child Left _____

PARENT OR OTHER PERSONS(S) PLACING THE CHILD

Name _____ Name _____

Relation to child _____ Relation to child _____

Home address _____ Home address _____

Phone Number _____ Phone Number _____

Place of employment _____ Place of employment _____

Address _____ Address _____

Phone Number _____ Phone Number _____

Working hours _____ Working hours _____

Email _____ Email _____

OTHER PERSON TO NOTIFY IF PERSON PLACING THE CHILD CANNOT BE REACHED

Name _____ Address _____

Phone Number _____ Relationship _____

PHYSICIAN TO CALL IF CHILD BECOMES ILL OR INJURED

Name _____ Address _____

Phone Number _____ Hospital or Clinic _____

PROGRAM

Please circle class preference:

Days per week Monday/Wednesday Tuesday/Thursday Hours of care _____

Rate of pay (optional) ***Note: class sessions are assigned in order Registration Form and fee are received.

____ Yes, I am interested in after school care and will pick my child up by 4:00 (additional fee required.) If not picked up by 4:00, the state requires we notify local authorities or DCFS.

____ No, I do not need after school care and will pick my child up by 1:30

Signature of parent or other person placing child

Signature of caregiver

Date

A completely filled in form must be kept by the licensee for each child not related to the licensee. Please have this form available at all times to licensing representatives of the Department of Children and Family Services. Contact the Area Office for supplies of this form.

If the child has any of the following, please explaining:

Medical problems _____

Physical handicaps _____

Restrictions for play—outdoors _____

Restrictions for play—indoors _____

Allergies _____

Food likes _____

Food dislikes _____

Fears _____

Does the child take a nap? N/A Time N/A Length N/A

Is the child toilet trained? _____

Does the child have special names for objects? (potty, cookies, drinks, etc.) _____

Does the child regularly take medication? N/A If so, what kind and directions _____

If the child is an infant, what are the feeding instructions? N/A

Time N/A Amount N/A Temperature N/A

Diaper changes: Powder N/A Ointment N/A

Other information that will help in caring for the child _____

Comments:

ALL INFORMATION SHALL BE REGARDED AND HANDLED CONFIDENTIALLY

Submit forms with \$50 Registration fee to:

King's Kids Pre-K, c/o Jill Dust, 1004 Pleasant View, Effingham, IL 62401

Note: A supply fee will be due in March prior to the applicable school year.