



KIDDIE KOLLEGE PRE-SCHOOL

2022/2023

Nursery Enrollment

Experience Church@BAG
362 Stewart Ave.
Bethpage, New York 11714

Phone: 822-4241
Fax: 933-3341

Date of Application: _____

Desired Date of Entry _____

School: 822-4241

ENROLLMENT APPLICATION

Church: 931-2378

Child's Name: _____ Gender: M ___ F ___ Birthday: ___/___/___
First Last

Address: _____ Best Contact Number: _____
No. Street Town Zip Code

Father's Name: _____ Place of Employment: _____

Father's Contact #: _____ Work Phone Number: _____

Father's Email Address: _____

Mother's Name: _____ Place of Employment: _____

Mother's Contact #: _____ Work Phone Number: _____

Mother's Email address: _____

Marital Status: Married: _____ Single: _____ Separated: _____ Divorced: _____ Widowed: _____

Emergency Contacts: Relative or friend who we can call if you cannot be reached.

1: _____ Phone #
First Last

2: _____ Phone #
First Last

Language(s) spoken in your home: _____

Religious Preference: _____

Is your child toilet trained? YES NO Working on it _____

List previous group experiences: _____

How did you learn about our school? _____

My child may participate in social media as it relates to the school YES NO

_____ 2 Day.....\$209.00 monthly (\$2,090.00 year)

_____ 3 Days\$314.00 monthly (\$3,140.00 year)

_____ 4 Days\$418.00 monthly (\$4,180.00 year)

_____ 5 Days.....\$523.00 monthly (\$5,230.00 year)

Circle days your child will be attending: M T W Th F

Registration Fee: \$125.00 payable with application (non-refundable) _____ (For official use)

I give permission for my child's name, address and telephone number to be added to their class list. YES NO

Parent's Signature: _____



HEALTH HISTORY

Preventative Measures and Tests -

Please attach child's immunization record with physician's signature.

Child's Name _____ Birthday ____/____/____

Address _____

Parents Names _____

Cell # _____ Home # _____

Doctor's Name _____

Doctor's Address _____

Doctor's # _____

HEALTH HISTORY

Chicken Pox	Yes No
Measles	Yes No
German Measles	Yes No
Mumps	Yes No
Pneumonia	Yes No
Poliomyelitis	Yes No
Rheumatic Fever	Yes No
Scarlet Fever	Yes No
Febrile Seizures	Yes No

Whooping Cough	Yes No
Diabetes	Yes No
Epilepsy	Yes No
Heart Condition	Yes No
Tuberculosis	Yes No
Ear Conditions	Yes No
Asthma or Allergy	Yes No
Bladder Condition	Yes No

Yes No (If yes, please give date: _____)

1. During the past year, has your child had any illness, injury or surgery? Specify with dates. _____

2. Does your child have any allergies? _____

3. Does your child take any medication on a regular basis excluding vitamins? _____

4. Has your child ever been evaluated privately or through Early Intervention? If yes, why? _____

5. Speech difficulties? _____

6. Vision difficulties? _____

7. Ears/Hearing difficulties? _____

8. Has your child ever been treated for a psychological disorder? _____

9. Does your child have any play restrictions? _____

10. Does your child use words to express himself/herself? _____

11. Do you have any other information that would better aid our school in meeting the needs of your child? _____

Date: _____ Parent's Signature _____

Kiddie Kollege Pre-School
2022-2023



EMERGENCY HOSPITALIZATION STATEMENT

Child's Name _____

Date of Birth _____

Address _____

In the event that my child needs immediate medical attention due to an accident or sudden illness and I cannot be contacted, I give Kiddie Kollege Pre-School personnel permission to have my child transported by ambulance to the Emergency Room at the nearest hospital and secure professional emergency treatment as needed.

Date: _____

Doctor's Name: _____ **Phone#** _____

Address: _____

My child has an allergy to: _____

When treating my child, please be aware of: _____

**Parent/Guardian
Signature** _____

Cell # _____ **Home #** _____

******This authorization will remain in effect as long as child is enrolled in any Kiddie Kollege program unless revoked by parent/guardian.******



Kiddie Kollege Pre-School

Bethpage Assembly of God Church

P.O. Box 429

Bethpage, New York 11714

822-4241

931-2378

Fax 933-3341

Changing Waiver

I give permission for the staff at Kiddie Kollege Pre-school to change my child, _____
(child's name)
in the event that it is deemed necessary. I have been informed that it is my responsibility to provide the items necessary for changing.

Parents name printed

Parents signature

Date