

Kiddie Korner Preschool
Our Saviour Lutheran Church
1510 N. Main Street
Normal, IL 61761
309-862-3947
kiddiekorner@oslcnormal.org

Class Preference (circle one)
3 Yr. T/Th 9:00-11:15
4 Yr. M/Tu/W/Th 9:00-11:30

OFFICE USE ONLY

Date Rec'd _____
Amount Rec'd _____
Check # _____
Medical Form _____

Child's Full (Last) _____ (First) _____ (M) _____

Name Preferred Child called/learn to read _____ Sex _____

Child's Date of Birth _____ Home Phone Number _____

Address _____

City _____ State _____ ZIP _____

Home Email address _____

Mother's Name _____

Mother's Employment _____ Phone _____

Mother's Cell Phone _____ Mother's Email _____

Father's Name _____

Father's Employment _____ Phone _____

Father's Cell Phone _____ Father's Email _____

Marital Status of Parents _____ Child Resides With _____

Babysitter's Name _____ Phone _____

Babysitter's Cell Phone _____

Does your child have any food allergies or medical problems?

_____ Yes _____ No

If so, please describe:

**IN CASE OF EMERGENCY AND PARENTS CANNOT BE REACHED,
THE FOLLOWING LOCAL PERSONS MAY BE CALLED:**

1. Name _____ Relationship _____
Home Phone _____ Cell Phone _____
2. Name _____ Relationship _____
Home Phone _____ Cell Phone _____
3. Name _____ Relationship _____
Home Phone _____ Cell Phone _____

**Your child will only be released to parents unless otherwise indicated.
To whom may your child be released (other than parents)?**

1. Name _____ Phone _____ Cell Phone _____
2. Name _____ Phone _____ Cell Phone _____
3. Name _____ Phone _____ Cell Phone _____

FAMILY INFORMATION

Name	Age	Named Called by Child

Do you have any pets? If so, what kinds and what are their names?

Type of animal _____ Name _____

Type of animal _____ Name _____

How did you learn about our preschool? _____

Would you consider serving on our Kiddie Korner board? _____

Would you consider being a reference for future families? Yes _____ No_____