

# King's Kids Preschool ~ 2026-2027

A Ministry of Woodmont Baptist Church  
2001 Darby Drive · Florence, AL 35630 · (256) 766-1255 x 11 · lhodges@woodmontbaptist.org

Child's Name \_\_\_\_\_

Name child is called at home \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age on 9/1/26 \_\_\_\_\_

Day(s) child will be attending: Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_

Child's Address: \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent e-mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ cell phone# \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ work # \_\_\_\_\_

Father's Name: \_\_\_\_\_ cell phone# \_\_\_\_\_

Father's Employer: \_\_\_\_\_ work # \_\_\_\_\_

Child lives with (circle one): Parents Mother Father Other: \_\_\_\_\_

Brothers and sisters (please list name used by child):

\_\_\_\_\_  
Name age Name age

\_\_\_\_\_  
Name age Name age

Church Home: \_\_\_\_\_

Is child completely potty-trained? *(required to enter three-year old or four-year old class)* yes \_\_\_ no \_\_\_

If not, do you anticipate this happening before school begins? yes \_\_\_ no \_\_\_

Please list any allergies, sensitivities, chronic illnesses, learning disabilities, etc.:

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Please complete other side of form

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**Emergency contacts (in case you are not available):**

Name	Relationship to child	#
Name	Relationship to child	#
Name	Relationship to child	#
Name	Relationship to child	#

**Doctor's name:** \_\_\_\_\_ # \_\_\_\_\_

**Is your child up-to-date on all necessary immunizations?** \_\_\_\_\_yes \_\_\_\_\_no

(The State of Alabama Department of Public Health requires that a current immunization record be kept on file for all students at King's Kids. Please submit one by the first day of school if you have not already done so.)

**Please list any information such as fears, eating habits, favorite activities or special family situations that you feel would help us better care for your child:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has your child attended preschool before? If so, where?** \_\_\_\_\_

**Please list those other than yourself who are authorized to pick up your child from King's Kids:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**If your child has a special friend they would like to have in their class or if there is a teacher you prefer, we will make every attempt to honor your request. Please specify:** \_\_\_\_\_

\_\_\_\_\_

**\*\*\*\*IN CASE OF EMERGENCY, I GIVE MY PERMISSION FOR MEDICAL CARE TO BE PROVIDED TO MEET THE NEEDS OF MY CHILD\*\*\*\***

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

OFFICE USE ONLY: Registration fee paid \$ _____ Check # _____ Cash (receipt #) _____ Date: _____ Open House letter sent: _____ Age group: _____ Assigned to: _____
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