



Kid's Cove Preschool & Day Care
Pre-Registration Form

Child's Name: _____ Date of Birth: _____

Address: _____
City State Zip Code

Home Telephone Number: _____ Requested Date of Admission: _____

Hours and days child will be in care: _____

Parent/Guardian Names: _____

Mother #: _____

Father #: _____

Cell phone provider: _____

Cell phone provider: _____

E-mail: _____

E-mail: _____

Please list any food allergies or dietary restrictions your child may have

I understand that deposits put down with Kid's Cove Preschool & Day Care to hold a spot for my child are non-refundable. If I should decide that my child will not attend Kid's Cove, I understand that my deposit will not be refunded.

Signature

For Office Use:

Paid \$_____ Check #_____ Date:_____ Received By:_____

Age _____

Class(Circle one): 1-17m 18-29m 2.5yrs-3.5yrs 3.5yrs-5yrs 5-11yrs Days: M T W TH F

- ☐ File Folder
- ☐ Food Allergy Poster
- ☐ Enrollment Roster
- ☐ Add/Drop Slip
- ☐ Remove from Waitlist
- ☐ Immunization Form

- ☐ Current Immunizations
- ☐ Hearing/Vision (4 yr olds only)
- ☐ Health Care Professional Stmt.
- ☐ Signed Policies and Procedures
- ☐ Billing Set-up