**King of Kings School Application for Registration 2019 - 2020**

**Child Information:**

Name:

Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I. \_\_\_\_\_ Birth Date\_\_\_\_\_\_\_\_\_\_\_ M/F\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street) (City) (State) (Zip)

**Parent/Guardian Information**: (Circle Relationship)

Mother/Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father /Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer’s Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate custodial arrangements and provide documents as applicable\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Programs Offered**: (Circle Choice)

**Toddler’s** (2 yrs.by Oct. 1st)\* **Preschoo**l (3 yrs. by Oct. 1) **Pre-**K (4 yrs. by Oct. 1) **Young Fives**

\*2 ½ Year Olds with limited 2 Year Old availability. Must be 2 years old by Oct. 1st.

**Toddler through Pre-K; Please circle desired days in Full or Half Day Programs and AM or PM in Half Day:**

Full Day Program (8:45am – 3:15pm) Mon Tues Wed Thu Fri

Half Day Program (8:45am – 11:15am) Mon Tues Wed Thu Fri AM PM (If available)

**Young Five Year Old Program** (Please Check)

Flexible Scheduling available if non-dedicated Young Fives class created. Inquire prior to or upon registration.

Mon. – Thurs. 8:45am – 3:15pm \_\_\_\_\_ Mon. – Fri. 8:45am – 3:15 pm \_\_\_\_\_

**Before and After Care: Based on need and availability. Please circle desired days in Before or After Care Programs:**

Before Care Mon Tues Wed Thu Fri

After Care Mon Tues Wed Thu Fri

**Special Requests:** (i.e. Before Care drop off or After Care pick up times, Secondary Program Choices, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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King of Kings School is licensed by The State of NJ Department of Children and Families and while sponsored by King of Kings Church, is non-denominational and admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies and other school-administered programs. All applications must include a non-refundable, non-transferable $50 annual registration fee per child ($65 maximum per family). The equivalent of one month’s tuition payment is due on June 1, 2019 or upon registration as a deposit with the understanding that this is the first of 10 payments of the annual tuition and that this deposit is neither transferable nor refundable. **All students attending King of Kings School must be fully immunized in accordance with the NJ Department of Health requirements including the annual Influenza Vaccine unless medically exempt.** I have received a copy of the King of Kings School Parent Handbook.

**Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**