

King of Kings Evangelical Lutheran Church & School

1101 N. Wymore Road Maitland, FL 32751



PRE-SCHOOL APPLICATION FOR ADMISSION

visitkok.com

School Office
407-628-5696

Kira Almodovar, Preschool Director
407-628-5696 ext. 231

Randy Cochran, Principal
407-628-5696 ext. 224

STUDENT INFORMATION

Child : Student's Name		Male Female	School Year You Are Applying For ____--____	
Date of Birth	Place of Birth	Age		
Child's Main Residence Address			Residence Telephone	

FATHER'S INFORMATION

MOTHER'S INFORMATION

Father/Guardian Name	Mother/Guardian Name
Father/Guardian's Cell Number	Mother/Guardian's Cell Number
Father's Address (if different from child)	Mother's Address (if different from child)
Father's Email Address	Mother's Email Address
Father's Occupation	Mother's Occupation
Father is Employed by	Mother is Employed by

Parent's Marital Status: Married Divorced Separated Single Widow/Widower

If divorced*, who has legal custody of the student? Father Mother Joint

*If either parent has limited parental rights, please provide court documentation which outlines such boundaries.

Student lives with: Father Mother Stepfather Stepmother Other

How did you hear about King of Kings?

ACADEMIC INFORMATION

My child has emotional difficulties. Please explain. _____

My child has academic difficulties. Please explain. _____

My child has had school behavior or disciplinary issues previously. Please explain. _____

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CHURCH INFORMATION

Name of church currently attending _____

Is your child baptized? Yes No

If you do not have a church home, are you interested in attending classes explaining what we teach at King of Kings? Yes No

MEDICAL INFORMATION

- Please indicate if your child has difficulty with any of the following: Vision Hearing Speech Allergies Appetite
- List any ailments or special health concerns, medications, allergies, etc. that your child's teacher or ASC caregiver should be aware of

- Are there any restrictions that would limit or exclude your child from participating in physical education class? Yes No
If yes, please explain. _____
- If parents cannot be reached in an emergency, whom would you prefer we contact
 1. Name _____ Best Contact #: _____
 2. Name _____ Best Contact #: _____
- Insurance Company Name: _____ Group ID#: _____ Patient #: _____
- Family Physician _____ Dr.'s Contact #: _____

PICK UP CONSENT

Your signature below (pink box) gives permission for the facility to release the child to any person(s) authorized, or in the manner authorized by the custodial parent/legal guardian.

The following people ARE AUTHORIZED to pick up my child(ren). Be prepared to show photo ID

Name: _____ Relationship to child(ren) _____ Contact number _____

Name: _____ Relationship to child(ren) _____ Contact number _____

Name: _____ Relationship to child(ren) _____ Contact number _____

The following people ARE NOT AUTHORIZED to pick up my child(ren). Present documents, if applicable.

Name: _____ Relationship to child(ren) _____

Name: _____ Relationship to child(ren) _____

PHOTOGRAPHY CONSENT

____ I hereby give permission to King of Kings Lutheran School, to take and use photographs and/or digital images of my child for use in news releases and/or educational materials as follows: printed publications of materials, electronic publications, or Web sites. I agree that my child's name and identity may be revealed in descriptive text or commentary in connection with the images. I authorize the use of these images without compensation to me. All negatives, prints, and digital reproductions shall be the property of King of Kings Lutheran School.

____ I do not give King of Kings permission to use any photographs of my child.

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SIGNATURE REQUIRED: I understand that my signature below gives permission and consent to King of Kings to:

- 1]. Release my child to any person(s) I authorized in the pick-up section.
- 2]. Give consent for child care personnel to have access to my child's records.
- 3]. Use photographs of my child as stated in the photography consent section.

Signed _____ / _____
Signature of Parent/Guardian *Print Name of Parent/Guardian*

Date: _____

