

**First Presbyterian Kindergarten**  
**Enrollment Application**  
[www.fpkprattville.com](http://www.fpkprattville.com)

Date \_\_\_\_\_

Application for K3 Five days/week \_\_\_\_\_  
K4 Five days/week \_\_\_\_\_  
K5 Five days/week \_\_\_\_\_

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

Goes by \_\_\_\_\_ Boy or Girl \_\_\_\_\_

Date Of Birth \_\_\_\_\_ Age \_\_\_\_\_

Child Lives With (Check one) \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only  
\_\_\_\_\_ Grandparent(s) \_\_\_\_\_ Legal Guardian(s)

**PARENTAL/ GUARDIAN INFORMATION**

Mother's/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer (Mother/Guardian) \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Mother's Email \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Email \_\_\_\_\_

Employer (Father/Guardian) \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Previous Daycare/School Attended \_\_\_\_\_  
Church Affiliation \_\_\_\_\_ Member \_\_\_\_\_ Yes \_\_\_\_\_ No

**MEDICAL INFORMATION**

Food/Drug Allergies \_\_\_\_\_

Chronic Medical Conditions \_\_\_\_\_

Regular Medications \_\_\_\_\_

**EMERGENCY CONTACT PERSONS**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

In case of an emergency, and if none of the above listed persons can be reached, permission is granted for my child to be transported, at no liability, to First Presbyterian Kindergarten or First Presbyterian Church, to the nearest hospital for treatment.

(Signature) \_\_\_\_\_

**RELEASE**

List people other than parents/guardian to whom your child may be released.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

**RESTRICTED RELEASE**

Is there anyone to whom your child may not be released? (In the event that there is parental/guardian restriction noted, legal documentation will be required before the restricted release can be honored.)

1. Name \_\_\_\_\_

2. Name \_\_\_\_\_

**A non-refundable enrollment fee of \$100.00 is required to guarantee registration. Please make your check payable to First Presbyterian Kindergarten or FPK. Shot records will be required at the start of school in August. No exemptions accepted.**