

KING DAVID PRE-SCHOOL

200 Rollins Avenue
Rockville, Maryland 20852
(301)984-9640

APPLICATION FOR ADMISSION AND REGISTRATION FORM

Child's Name _____

Address _____

Date of Birth _____ Phone Number _____

Father's Name _____ Occupation _____

Business Address _____ Phone _____

Mother's Name _____ Occupation _____

Business Address _____ Phone _____

Child's Physician _____ Phone _____

Preferred Hospital _____

(Please complete the information below and sign the form)

My child (check one) may _____ may not _____ take trips with the class during the school year.

Emergency Contact Information:

(Please provide two contact names in case of an emergency)

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Please list any special information our staff should be aware of concerning your child's welfare, including health conditions, handicaps, special medication, allergies, etc.

Signature of Parent

Date

Signature of Parent

Date