

Kiddie Korner Preschool  
Our Saviour Lutheran Church  
1510 N. Main Street  
Normal, IL 61761  
309-862-3947  
[kiddiekorner@oslcnormal.org](mailto:kiddiekorner@oslcnormal.org)

Class Preference (circle one)  
3 Yr. T/F 9:00-11:15  
4 Yr. M/W/Th 9:00-11:30

**OFFICE USE ONLY**

Date Rec'd \_\_\_\_\_  
Amount Rec'd \_\_\_\_\_  
Check # \_\_\_\_\_  
Medical Form \_\_\_\_\_

Child's Full (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M) \_\_\_\_\_

Name Preferred Child called/learn to read \_\_\_\_\_ Sex \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Email address \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Employment \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Employment \_\_\_\_\_ Phone \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_

Marital Status of Parents \_\_\_\_\_ Child Resides With \_\_\_\_\_

Babysitter's Name \_\_\_\_\_ Phone \_\_\_\_\_

Babysitter's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Does your child have any food allergies or medical problems? If so, please describe.**

\_\_\_\_\_

**IN CASE OF EMERGENCY AND PARENTS CANNOT BE REACHED,  
THE FOLLOWING LOCAL PERSONS MAY BE CALLED:**

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

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Your child will only be released to parents unless otherwise indicated.  
To whom may your child be released (other than parents)?**

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

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

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship \_\_\_\_\_

**FAMILY INFORMATION**

**Name**

**Age**

**Named Called by Child**

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Does anyone else live with you who your child might talk about?

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Do you have any pets? If so, what kinds and what are their names?

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Does your child have any strong dislikes or fears?

Dislikes \_\_\_\_\_ Fears \_\_\_\_\_