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Is your child adopted?   Y   N   From where? \_\_\_\_\_

Does your child have any physical challenges, severe weaknesses or abnormal conditions? \_\_\_\_\_

\_\_\_\_\_

Does your child have any difficulties with vision, hearing, walking or speech? \_\_\_\_\_

\_\_\_\_\_

Is there a family history of speech disorders, reading or spelling difficulties? \_\_\_\_\_

Does your child have any special fears or needs? \_\_\_\_\_

\_\_\_\_\_

Kingdom Care Learning Center  
538 Hickory Grade Road  
Bridgeville, Pennsylvania 15017  
Phone: (412) 220-7197 Fax: (412) 257-9615  
www.kingdomcarelearning.com  
Email: [kingdomcarelc@yahoo.com](mailto:kingdomcarelc@yahoo.com)



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***II. Parent/Guardian Information***

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

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

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Interests/Hobbies: \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Interests/Hobbies: \_\_\_\_\_

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### ***III. Kingdom Care Learning Center's Information***

Please check one of the following Program Options:

- Infant, Young Toddler, Toddler, All-day Pre-school
- Morning Preschool (8:30-11:30 AM)
- Before School Program
- After School Program
- Before & After School Program
- Summer Program

Child will be expected at Kingdom Care Learning Center during hours selected. This helps us to plan adequate staffing. Please do not leave child for more than 10 hours a day. (Our hours of operation are 6:00 a.m. – 6:30 p.m.)

Hours child is expected at Kingdom Care Learning Center:

Example: Tuesday: 8am to 5pm

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Why have you brought your child to *this* childhood program/preschool?

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What would you like to see your child receive from his/her early childhood program/preschool experience?

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We encourage you as parents to be actively involved in the Kingdom Care Learning Center early childhood program/preschool community. How might you actively contribute? \_\_\_\_\_

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How did you hear about Kingdom Care Learning Center? \_\_\_\_\_

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I \_\_\_\_\_ have read, understand and completed this application for

Print parent/guardian name

enrollment at Kingdom Care Learning Center. I understand that this application will not be considered without my non-refundable application fee of \$50. Once completed application for enrollment and application fee are received by Kingdom Care Learning Center my child will be placed on the list for enrollment and I will be notified when/if my child is accepted.

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Parent Signature

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Date

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Print Parent Name

We accept checks, Visa, and MasterCard. Please make checks payable to Kingdom Care Learning Center. All returned checks will be charged a \$50 fee.

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