



**KIDS ON THE ROCK
STUDENT REGISTRATION 2024-2025**

Student Information:

Full Name: _____
(Last) (First) (Middle) (Nickname)

Child's Date Of Birth: _____ Sex: _____

Child's Physical Address: _____

Mailing Address (if different): _____

Has your child ever been enrolled at Kids On The Rock? Yes/No If yes, when? _____

Family Information:

Child Lives With: _____

Parent/Guardian: _____ Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email Address Required: _____

Parent/Guardian: _____ Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email Address Required: _____

Class Enrollment:

Please select the class that you are enrolling your child in.

___ Two-Years-Old (2-years-old by September 1st, 2024) ___ Part-Time VPK (4-years-old by September 1st, 2024)

___ Three-Years-Old (3-years-old by September 1st, 2024) ___ Full-Time VPK (4-years-old by September 1st, 2024)

___ K – 5th Grade After-Care (PCS Students Only)

Is your child potty-trained? ___ Yes ___ No

Medical Conditions/Allergies:

Please list any known medical conditions and/or allergies below.

Parent Signature: _____ Date: _____

(Office Use Only)
Registration Fee:

(Office Use Only)
VPK Eligibility
Certificate:
