



Bringing the World
to Your Child

A WORLD OF KNOWLEDGE

PRESCHOOL AND LEARNING CENTER

750 NW 180 TERRACE

PEMBROKE PINES, FL. 33029

PH. (954) 430-7707 * FAX (954) 430-7706

www.worldofknowledgekids.com

Registration \$ _____ Date Paid: _____

Grade: _____

School: _____

Transportation: YES _____ NO _____

“After School” Application Form

Year _____

Child #1

Start Date _____

Name _____
Last First Middle Nickname

Birthday _____ Current Age _____ Sex _____

Child #2

Start Date _____

Name _____
Last First Middle Nickname

Birthday _____ Current Age _____ Sex _____

Primary Mailing Address

Street City State Zip

Family Information

Custody: Mother _____ Father _____ Both _____ Other _____

Parent/Guardian
Name _____

Parent/Guardian
Name _____

Relationship to child _____

Relationship to child _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Employer _____

Employer _____

Work Phone _____

Work Phone _____

The child will be released from school **ONLY** to the people listed above and the following:

Name _____ Relation to child _____ Phone _____

Name _____ Relation to child _____ Phone _____

Medical Information

I hereby grant permission to the staff at A World of Knowledge Preschool and Learning Center to contact the following medical personnel to obtain emergency medical care if necessary, and transport to nearest hospital by ambulance.

Doctor _____ Address _____ Phone _____

Hospital Preference _____ Medical Insurance _____ Group# _____

Please list any allergies, special medical or dietary needs, or any other areas of concern _____