



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

Circle Program Type:

3yr 4yr

5-6yr 7-8yr

Full Summer _____

Four wks _____

Three wks _____

Reg Pd _____

Date _____ Ck # _____



Year _____

Application Form

WOK File # _____

Child Information

Current Age: _____

Start Date: _____

Name _____

Last

First

Middle

Nickname

Address _____

DOB: _____ Sex: _____

Family Information

Custody: Mother _____ Father _____ Both _____ Other _____

Mother's Name _____

Father's Name _____

Relationship to child _____

Relationship to child _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Employer _____

Employer _____

Work Phone _____

Work Phone _____

Social Security # _____

Social Security # _____

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:

DOCTOR _____ PHONE _____ Hospital Preference _____

Medical Insurance _____ Group # _____

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

I give my child _____ permission to go on weekly field trips with Camp Wok and understand that Green Camp Shirts must be worn with sneakers when attending the camp. I further release A World of Knowledge Preschool and Learning Center from any liability or risk of loss or damage to property or injury that may result off campus.

(Please fill out one of the portion below)

I also confirm that my child _____ knows how to swim on his/her own and I give him/her permission to go in the Center's swimming pool while being accompanied by a teacher on special days.

- OR -

My child _____ does not swim and I do not give permission for him/her to go in the swimming pool.

Signature or parent/guardian _____

Print name of parent/guardian _____

Date _____