



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

| | | | |
|--|----------|----------------|-----------------|
| Pre-K3 | Pre-K4 | Kinder | 1 st |
| FT _____ | PT _____ | VPK4 _____ | EXT _____ |
| Registration \$ _____ Ck/ Cash _____ | | Date Pd: _____ | |
| 1 st Tuition \$ _____ Ck/Cash _____ | | Date Pd: _____ | |

Student Application Form Year _____ WOK File # _____

Child Information Current Age _____ Ethnicity _____ Date of Birth _____

Name _____
Last First Middle Nickname

Address _____

Start Date _____ Sex _____

| | | | |
|--|----------------|----------------------------------|--------------|
| What word/s best describes your child? | | | |
| Quiet _____ | Sociable _____ | Active _____ | Leader _____ |
| Prefers to play alone _____ | | Interacts well with others _____ | |

Family Information Custody: Mother _____ Father _____ Other _____

Last School child Attended: _____

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 _____

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 or transport my child by fire rescue/ambulance in the event of an emergency, to the hospital listed below or to the closest hospital in the event of an emergency.

Doctor _____ Address _____ Phone _____

Hospital Preference _____ Medical Insurance: _____ Grp # _____

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