



Registration Form

2026-2027 School Year

Please select one. If you select Preschool + Out of School Time, students will be placed in a class.

_____ 8:15-11:15am (\$250 per mo.) Monday-Thursday Preschool Only Must be age 3½ by Sept. 1, 2026	_____ 12:30-3:30pm (\$250 per mo.) Monday-Thursday Preschool Only Must be age 4 by Sept. 1, 2026	_____ Preschool + O.S.T. (\$600 per mo.) Monday-Friday
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Child's Information

Child's Name _____ Nickname _____

Address _____

City _____ State _____ Zip _____

Age _____ Date of Birth _____ Gender: M _____ F _____

Family Information

Mother's Name _____	Father's Name _____
Address (if different) _____	Address (if different) _____
_____	_____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Email _____	Email _____
Work Phone _____ ext. # _____	Work Phone _____ ext. # _____
Place of Employment _____	Place of Employment _____
Siblings names & ages _____	

Please list the name of the nearest relative/neighbor to be contacted in case of an emergency if you cannot be located:

Name _____ Relation _____ Phone _____

Allergies/Medical Conditions _____

Medications _____

Special Concerns _____

Doctor _____ Phone _____

CONTINUED ON THE OTHER SIDE

Release and Hold Harmless Agreement for Aldersgate Church

By my signature, I _____, the parent or guardian of _____ grant my permission for him/her to participate fully in any Preschool activities or trips sponsored by Aldersgate Church.

I understand that my signature carries with it the following:

- An authorization of any of the adult leaders to obtain necessary medical attention and/or treatment for my son/daughter.
- The release of medical information necessary to provide treatment.
- I knowingly release, absolve, indemnify and hold harmless Aldersgate Church from all claims that might result from an injury or death of a minor. This agreement pertains to all programs and activities including those where transportation is provided.
- Should medical help be needed, I agree to pay, directly or through my own personal health and accident insurance policy, all medical or hospital costs.

Signature _____ Date _____

I give my permission for the above named child to be in pictures taken related to Preschool or trips sponsored by Aldersgate Church used for historical and promotional purposes, and that may be placed on the church's website.

Signature _____ Date _____

Non-Refundable Registration fee is \$100 for Preschool & \$200 for OST + Preschool and **must be paid at the time of registration to guarantee your child's spot in the program.**

Kingdom Kids Preschool at Aldersgate Church
502 S Lincoln St | Aberdeen, SD 57401
www.aldersgatesd.org | 605.225.5680

Office Use Only

Amount Paid _____	Date Paid _____	<input type="checkbox"/> Check	<input type="checkbox"/> Cash
Received By _____	Check No. _____		