

Ida Kids Center
1920 Lewis Ave
Ida, MI 48140
Phone: 734-269-2481



Preschool Registration Application

Name of Child: _____ Birthdate: _____

Address: _____

Phone Number: _____ Email: _____

Preschool Class Preferred:

Days Attending IKC:

4-year-old MWF 9:00 AM – 11:30 AM

M ___ T ___ W ___ Th ___ F ___

4-year-old MWF 12:15 PM – 2:45 PM

Hours Attending IKC:

3-year-old TTH 9:00 AM – 11:30 AM

Arrival: _____ Departure: _____

Parent/Guardian Information

Parent Name: _____

Place of Employment _____ Phone: _____

Parent Name: _____

Place of Employment: _____ Phone: _____

Child Resides With: _____

Child May NOT Be Released To (Court Paperwork On File) _____

Emergency Contacts & Authorized Pick-Up

Name	Address	Phone Number
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_____	_____	_____
_____	_____	_____
_____	_____	_____

A \$50.00 non-refundable registration fee must be paid when submitting this application. This form will secure your spot within the class once accepted by IKC administration. The rest of packet is due at Preschool Open House.