



# Kinder Academy Preschool Registration Form

Please print all information and fill in all fields. Return form and a \$55.00 non-refundable registration fee. \$75.00 for two or more children.

## Child's Information

\_\_\_\_\_ ( ) \_\_\_\_\_  
Child's Full Name Home Phone

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex : M \_\_\_\_\_ F \_\_\_\_\_

\_\_\_\_\_ ( ) \_\_\_\_\_  
Physician Name Phone Number

## Parent's Information

\_\_\_\_\_ ( ) \_\_\_\_\_  
Mother's Name Cell Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

\_\_\_\_\_ ( ) \_\_\_\_\_  
Father's Name Cell Number

\_\_\_\_\_  
Email

\_\_\_\_\_  
Address

### Program Requested:

Preschool

4 days Mornings \_\_\_\_\_ Extended day \_\_\_\_\_

3 days Mornings \_\_\_\_\_ Extended day \_\_\_\_\_

2 days Mornings \_\_\_\_\_ Extended day \_\_\_\_\_

M \_\_\_ T \_\_\_ W \_\_\_ Th \_\_\_