

For Office Use Only:

Date of registration _____ Initial _____

Date of year end _____ Initial _____



Kotoks Preschool Academy
Building a strong foundation

Registration Form

**How did you hear about us?
(check all that apply)**

___ Referred by _____

___ Friend/Family _____

___ (names) _____

___ Advertisement _____ Internet _____

___ Direct Mail _____ Drive By _____

___ Phone Book _____

___ Other _____

Child's Name: _____

(Last)

(First)

(Middle)

Mailing Address: _____ **Gender:** Male _____ Female _____

city

postal code

Home Address: _____ **Age on first day of school** _____

(if different than mailing address)

city

postal code

Child's Birthdate: _____

(Month)

(Day)

(Year)

Circle program preferred? (3 yrs) Tues/Thurs a:m _____ Tues/Thurs p:m _____ 1st choice _____

(4 - 5 yrs) MWF a:m _____ MWF p:m _____ 1st choice _____

Enrolling Parent / Guardian Name: _____

(Last)

(First)

Relationship to Child: _____ **Res. Ph:** _____

Address: _____ **Email:** _____

Occupation: _____ **Bus. or Cell Ph:** _____

Other Parent / Guardian Name: _____

Relationship to Child: _____ **Res. Ph:** _____

Address: (if different) _____ **Email:** _____

Occupation: _____ **Bus. or Cell Ph:** _____

Circle Parents Marital Status: Married _____ Divorced _____ Single _____ **Primary Res:** Both _____ Mother _____ Father _____ Guardian _____

If divorced, who has legal custody? _____

May the non-custodial parent pick up the child? Yes _____ No _____

Comments _____

The child will be released ONLY to the people on this application (above) and the following persons below:

Name _____ **Address** _____ **Phone** _____

Name _____ **Address** _____ **Phone** _____

Signed: _____ **Date:** _____

(Mother / Guardian)

Signed: _____ **Date:** _____

(Father / Guardian)

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Registration fee received: _____ **PD by cash or cheque #** _____ **Institution** _____

Sept - June fees received: _____ **PD by cash or cheque #** _____ **Institution** _____

Year Paid in Full: _____ **Reg. fee waived** _____ **PD by cash or cheque #** _____ **Institution** _____

Receipt given _____ **Confirmation of enrolment given** _____