

Kaleidoscope Preschool

Registration Form

2016 - 2017



- MWF 9:00-12:00 3 through 5 year olds
- MWF 12:00 - 3:00 Enrichment(3 through 5 year olds)
- Enrichment (one or two days - please specify_____)

Child Last Name	Child First Name	Date of Birth	
Address			
City	State	Zip Code	

Primary Guardian

Last Name	First Name	Relationship	
Address <input type="checkbox"/> Check if same as Child			
City	State	Zip	
Best Phone Number	Alternate Phone	e-mail	

Secondary Guardian

Last Name	First Name	Relationship	
Address <input type="checkbox"/> Check if same as Child			
City	State	Zip	
Best Phone Number	Alternate Phone	e-mail	

Emergency Contacts:

Name:	Phone
Address:	

Name:	Phone
Address:	

People authorized to pick up your child:

Name:	Phone
Address:	

Name:	Phone
Address:	

Name:	Phone
Address:	

I release Kaleidoscope from any liability associated with activities my child will be involved in while attending.

Parent Signature _____ Date _____

\$50 deposit due with registration form.

Office Use Only

Registration Fee (to be applied to May's tuition) _____

Method of Payment / Check # _____