

The Kinder Garden Preschool
 Mail forms to:
 2617 Kinlawton Place, Raleigh NC 27614
 Phone: (919) 805-0479
www.thekindergardenraleigh.com

School Year: 2024-25

Days _____

Preschool Registration

Child's Information:

First: _____ Middle: _____ Last: _____
 Gender: _____ Birth date: _____ Age as of 8/31/24: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Parent Information

First and Last Name: _____ Occupation: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell: _____ Work: _____
 Email: _____

First and Last Name: _____ Occupation: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell: _____ Work: _____
 Email: _____

Emergency Contact Information:

Name	Relationship	Phone Number	OK for contact to pick up child? Y/N
1.			
2.			
3.			

I give my permission for my child's picture to be used on school website or brochure.

Yes _____ No _____

 Signature Date

If applicable, I understand that I must have an Allergy Action Plan completed by a physician on file before my child can start school.

 Signature Date

Please give any information concerning your child which will be helpful in his/her experience in a group setting such as play, eating and sleeping habits, special fears, special likes or dislikes.

How did you hear about us? _____

<i>For Office Use Only:</i>		# Days	_____
Date Received: _____	Registration Amt rec'd: _____	Cash <input type="checkbox"/>	Check <input type="checkbox"/> # _____
Additional Notes: _____			