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**

First and Last Name:	Child's Information:				
City:	First:			Last:	
City:	Gender:	Birth date:	Age as of 8/3	Age as of 8/31/24:	
Parent Information              First and Last Name:Occupation:	Address:				
First and Last Name:       Occupation:         City:       State:         Zip:         Home Phone:       Cell:         Work:       Email:         First and Last Name:       Occupation:         Address:	City:	State:		Zip:	
Address:	Parent Information				
City:       State:       Zip:         Home Phone:       Cell:       Work:         Email:	-		00	cupation:	
Indik:       Indik:       Indik:         Email:	-	Ctata:		7:	
Indik:       Indik:       Indik:         Email:	Lity:	State:		Zip:	
Address:       City:       State:       Zip:         Home Phone:       Cell:       Work:         Emergency Contact Information:	Email:			WOIK.	
Address:       City:       State:       Zip:         Home Phone:       Cell:       Work:         Emergency Contact Information:	First and Last Name:		Oc	cupation:	
Home Phone:       Cell:       Work:         Emergency Contact Information:       Emergency Contact Information:       OK for contact to pick up child? Y/N         1.       Image: Ima	Address:				
Email:		State:			
Emergency Contact Information:         Name       Relationship       Phone Number       OK for contact to pick up child? Y/N         1.				Work:	
Name       Relationship       Phone Number       OK for contact to pick up child? Y/N         1.	Email:				
Name       Relationship       Phone Number       OK for contact to pick up child? Y/N         1.	Emergency Contact Inform	nation:			
1.			Phone Number		
2.	1.				
3.       I give my permission for my child's picture to be used on school website or brochure.         Yes       No         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         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?       # Days         For Office Use Only:       # Days         Please Received:	2				
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.       Date         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?	3.				
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 give my perm				
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 □ Check □#	Signature			Date	
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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?	Signature			Date	
For Office Use Only:     # Days       Date Received:     Registration Amt rec'd:     Cash □     Check □#		oncerning your child which w		erience in a group setting such	
For Office Use Only:     # Days       Date Received:     Registration Amt rec'd:     Cash □     Check □#	How did you hear about us? _				
				# Days	
Additional Notes:	Date Received:	Registration Amt rec'd:		h □ Check □#	
	Additional Notes:				