

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

School Year: 2026-27

# Days \_\_\_\_\_

## Preschool Registration

### Child's Information:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age as of 8/31/26: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Parent Information

Check here if address is the same as the child

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

Check here if address is the same as the child

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: _____		