



DALHOUSIE COMMUNITY KINDERGARTEN

REGISTRATION FORM for _____
School Year

CHILD'S LEGAL NAME: _____
Last First Middle

PREFERRED NAME OR NICKNAME: _____

ADDRESS: _____

POSTAL CODE: _____ HOME TELEPHONE: _____

DATE OF BIRTH: _____ SEX: _____
Year Month Day

CITIZENSHIP: _____

PARENT #1: _____

Home Phone Cell Phone Work Phone

Email - please print clearly

PARENT #2: _____

Home Phone Cell Phone Work Phone

Email - please print clearly

EMERGENCY NOTIFICATION (other than parent)

Name Relationship to Child Phone

Name Relationship to Child Phone

DOCTOR'S NAME AND OFFICE PHONE: _____

BABYSITTER (only if responsible for child during school hours)

NAME: _____ PHONE: _____

HOW DID YOU HEAR ABOUT US?

POSTERS /SIGNS _____ RECOMMENDATION _____ EXPERIENCE _____

DALHOUSIE DIGEST _____ OTHER _____

AUTHORIZATION:

To the best of my knowledge, the information provided is complete and accurate.

Parent Signature

Date

ADDITIONAL INFORMATION TO BE COLLECTED BY KINDERGARTEN REPRESENTATIVE

REGISTRATION FEE RECEIVED: _____

Current date. Non re-fundable unless you are placed on a wait list and do not receive a spot.

PROGRAM FEE RECEIVED: _____

Dated for May 30. Non-refundable after June 30

PROOF OF AGE:

CANADIAN BIRTH CERTIFICATE # _____ OTHER: _____

ALBERTA HEALTH CARE # _____

DATE REGISTRATION RECEIVED: _____ BY: _____

SPECIAL EDUCATION

Has your child received services such as SLP, OT, Program Unit funding (PUF) previously? If yes, please explain services accessed and provide name of agency / service provider.

If applicable, can we contact your agency/service provider? _____

Name of contact at your agency/service provider? _____

ADDITIONAL INFORMATION

What would you like us to know about your child? Is there any other information or situations which may affect your child during the school year that it would be helpful for the teacher to be aware of? All information is confidential.
