2017-2018 KILLARNEY PARK PRESCHOOL REGISTRATION FORM

NAME OF CHILD: _	(First Name)	(Last Name)	□ boy □ girl				
Address:		_ City:	Postal Code:				
Child's First Langua	ge:	Second: _					
MOTHER'S NAME:	: ENGLISH NAME (if different):						
Home #:	Cell #:	\	Work #:				
Days/hours of work:		Oc	cupation:				
FATHER'S NAME:	E	NGLISH NAME	(if different):				
Home #:	Cell #:	\	Work #:				
Days/hours of work:		(Occupation:				
EMAIL ADDRESS (address. Please prir		e through email.	Please enter ONE CURRENT				
Please check the following with whom the child lives: Image: mom and dad Image: other adults (please list) Image: mom only Image: siblings & other children (please include ages): Image: dad only Image: siblings & other children (please include ages):							
-	ere is a custody agreement a		y of the agreement.				
-	ously attended daycare/pro						
	'ES, where?						
why did your child le	eave?						

HEALTH INFORMATION (COMPLETE ONLY IF YOUR CHILD SEES A SPECIALIST):

NAME OF SPECIALIST	PROFESSION/AGENCY	PHONE #		
Does your child have:				
A medical condition/concern? If yes, please provide further inf				
Allergies? If yes, please provide further inf	□ YES □ NO formation:			
Asthma? If yes, please provide further inf	□ YES □ NO formation:			
Speech or language difficulties? If yes, please provide further inf				

You may be asked to complete additional forms if you answered yes to any of the above. This health information may be made available to Vancouver Coastal Health.

					Date:	/		1
	Signatu	re of person prov	iding information			/ear	month	day
Indicate yo	ur class p	reference w	ith 1 (first choice)	and 2 (secor	d choice	<u>)</u>		
4-year-olds (born in 2013)				3-year-olds (born in 2014)				
Butterflies Dinosaurs Elephants	(M/W/F) (T/Th) (T/Th)	12:45-3:15 9:00-11:30 12:45-3:15	(\$165.00/mth)	 Monkeys Penguins Rabbits 	(M/W) (T/Th) (T/Th)	12:45-2 9:00-11 12:45-2	:45 (\$115.0 :00 (\$115.0 :45 (\$115.0	00/mth) 00/mth) 00/mth)
* all classe	es are sub	ject to enro	Iment					
FEES:								
- ONE MON (deposit for	NTH NON- last mont	REFUNDAE	STRATION FEE ro BLE DEPOSIT due QUES for the rest	e on or before	e July 1, o			stration
OFFICE US	SE ONLY:							
Starting Date	e: YY	///	Date Finish	ed:/ /	MM	/ 	_ Staff Initials	:
Cash / Cheq	Cash / Cheque # Receipt #:				Date paid:			
Comments:								