

**2017-2018
KILLARNEY PARK PRESCHOOL
REGISTRATION FORM**

NAME OF CHILD: _____ <input type="checkbox"/> boy <input type="checkbox"/> girl		
(First Name)	(Last Name)	
Birthdate: 20____ / ____ / ____	Name child responds to: _____	
(Year)	(Month)	(Day)
Address: _____	City: _____	Postal Code: _____
Child's First Language: _____	Second: _____	

MOTHER'S NAME: _____ **ENGLISH NAME** (if different): _____

Home #: _____ Cell #: _____ Work #: _____

Days/hours of work: _____ Occupation: _____

FATHER'S NAME: _____ **ENGLISH NAME** (if different): _____

Home #: _____ Cell #: _____ Work #: _____

Days/hours of work: _____ Occupation: _____

EMAIL ADDRESS (Preschool may communicate through email. Please enter **ONE CURRENT** address. Please print.):

Please check the following with whom the child lives:

- mom and dad other adults (please list) _____
- mom only siblings & other children (please include ages):

- dad only _____

please check if there is a custody agreement and attach a copy of the agreement.

Has the child previously attended daycare/preschool?

YES NO If YES, where? _____

Why did your child leave? _____

(turn over)

