

Date of Birth _____

Today's Date _____

Grow To Know Kindergarten Registration Form

Annual Non-Refundable enrollment fee \$50.00

Office use only Date Paid _____ Check # _____

Child's name _____ Nickname: _____

Address: _____ City _____ State _____ Zip _____

Home Phone _____ Email address _____

Mother's Name _____ Address _____

Home Phone _____ Cell Phone _____

Employer _____ Hours _____ Work Phone _____

Employer's address _____ City _____ State _____ Zip _____

Father's Name _____ Address _____

Home Phone _____ Cell Phone _____

Employer _____ Hours _____ Work Phone _____

Employer's address _____ City _____ State _____ Zip _____

Emergency Contacts/Persons Authorized to pick up (Besides Parents)

Name: _____ Relationship: _____ Phone _____

Address: _____ City _____ State _____ Zip _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Names & Ages of other children at home:

Other information: (Allergies, special needs, special abilities)

Office Use Only

Facility Name: **Grow to Know Preschool** Admission Date _____

Enrolled for MWF TTH MTWTHF Full Time Part Time (Please circle)

Hours per day From: _____ To: _____ Discharge Date _____