KINGS KIDS PRESCHOOL

2640 Rundlelawn Road NE Phone: 403-285-4855

preschool@kingskidsfoundation.com

REGISTRATION FORM – 2018-2019

Please print clearly

Child's Name:	FIRST NAME					
Birth Date:			Эм	Home Phone:		
MM DD YYYY						
Home Address:				Postal Code:		
Child lives with: D both parents	mother	🖵 fa	ther	□ others (spec	ify)	
			Father's	Name:	AST NAME	
LATE NAME FIRST NAME				L	AST NAME	FIRST NAME
Mother's Cell Phone:	Father's Cell Phone:					
Home Email Address:						
Language spoken at home:			Has the	child attended?	preschool	dayhome
PROGRAM OPTIONS						
T TH a.m. program 8:45 a.m. to 11:15 a.r	n. \$130	Т	TH p.m.	program	12:15 p.m. to 2:4	5 p.m. \$130
MWF a.m. program 8:45 a.m. to 11:15 a	ı.m. \$165	Ν	1 T TH p.r	m. program	12:15 p.m. to 2:4	5 p.m. \$165
M – F program 8:45 a.m. to 11:15 a.	m. \$265	Ν	1 - TH p.n	n. program	12:15 p.m. to 2:4	5 p.m. \$210
Please register my child in the		_ program).	Deposit f	ee – (equal to a m	ionth's program)
Flexible 3 day program	\$170	Flexible 4 da		day program		\$215
Morning 8:45 a.m. to 11:15 a.m.	Monday	Tuesd	ay N	Wednesday	Thursday	Friday
Afternoon 12:15 p.m. to 2:45 p.m.	Monday	Tuesd	ay N	Wednesday	Thursday	
*Circle preferred days						
Registration fee for new students	\$60	R	egistrati	on fee for retu	rning students	\$50
Registration is due upon registration. De	posit fee is re	quired prio	or to com	mencement of	classes.	
Form of payment: Cheques (Kings Kids Pre Cash (in an sealed envelope with child's nan	,	sfer to <u>pre</u> s	<u>school@ki</u>	ngskidsfoundatio	on.com (make pas	sword: kingskids) o
Cancellation Policy: The Registration fee is	NON-REFUNE	DABLE.				
How did you hear about our program?	Return	ing Studen	it 🗆 S	Sibling Attended	Church	
Advertising by:				Nord of Mouth		
Signature:			_ Date	:		