

# KINGS KIDS PRESCHOOL

Phone: 403-285-4855

[preschool@kingskidsfoundation.com](mailto:preschool@kingskidsfoundation.com)

## REGISTRATION FORM – 2021 - 2022

*Please print clearly*

Child's Name: \_\_\_\_\_ Commonly Used Name: \_\_\_\_\_  
LAST NAME FIRST NAME

Birth Date: \_\_\_\_\_ Gender: ☐ F ☐ M Home Phone: \_\_\_\_\_  
MM DD YYYY

Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Child lives with: ☐ both parents ☐ mother ☐ father ☐ others (specify) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
LAST NAME FIRST NAME LAST NAME FIRST NAME

Mother's Cell Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Home Email Address: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_ Has the child attended? ☐ preschool ☐ day home

### PROGRAM OPTIONS

*Times may be adjusted until Covid restrictions are lifted.*

<input type="checkbox"/> T TH a.m. program	<b>\$130</b>	<input type="checkbox"/> T TH p.m. program	<b>\$130</b>
<input type="checkbox"/> MWF a.m. program	<b>\$170</b>	<input type="checkbox"/> M T TH p.m. program	<b>\$170</b>
<input type="checkbox"/> M – F program	<b>\$265</b>	<input type="checkbox"/> M - TH p.m. program	<b>\$215</b>

### FLEXIBLE PROGRAM

☐ 2 day **\$135** ☐ 3 day **\$175** ☐ 4 day **\$220**

AM	MON	TUES	WED	THU	FRI
PM	MON	TUES	WED	THU	

**Deposit fee (equal to a month's program)**

**Registration fee**

New **\$60**

Returning **\$50**

*Non-refundable registration fee and deposit must be paid at the time of registration for your child's spot to be guaranteed.*

**Form of payment:** ☐ E-transfer to [preschool@kingskidsfoundation.com](mailto:preschool@kingskidsfoundation.com) ☐ Cheques (Kings Kids Preschool).

**Cancellation Policy:** Should you decide to withdraw your child, Kings Kids must receive notification by email no later than **August 1, 2021**. After August 1, your deposit will be forfeited. *Registration fees are non-refundable.*

How did you hear about our program?

☐ Returning Student

☐ Sibling Attended

☐ Church

☐ Street Sign

Advertising by: \_\_\_\_\_

☐ Word of Mouth \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_