
DALHOUSIE COMMUNITY KINDERGARTEN
REGISTRATION FORM

PLEASE PRINT

CHILD'S NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____

POSTAL CODE: _____ **TELEPHONE:** _____

DATE OF BIRTH: _____ SEX: _____
YEAR MONTH DAY HOME

FATHER'S NAME: _____ **MOTHER'S NAME:** _____

ADDRESS _____ **ADDRESS** _____
IF DIFFERENT THAN CHILD IF DIFFERENT THAN CHILD

PHONE: _____ **PHONE:** _____
HOME WORK CELL HOME WORK CELL

EMAIL _____ **EMAIL** _____

EMERGENCY NOTIFICATION (other than parent)

1. NAME: _____ PHONE: _____

2. NAME: _____ PHONE: _____

DOCTOR'S NAME: _____ **PHONE:** _____

ALBERTA HEALTH CARE #: _____

CLASS PREFERENCE (if registration warrants it an afternoon class will be available)

1. _____ AM. 2. _____ PM.

HOW DID YOU HEAR ABOUT US?

POSTERS _____ RECOMMENDATION _____ OTHER _____

TV/RADIO _____ DALHOUSIE DIGEST _____ EXPERIENCE _____

TO BE COMPLETED BY LAC MEMBER ONLY

REGISTRATION FEE: _____ CHQ/CASH **PROGRAM FEE:** _____ CHQ/CASH

PROOF OF AGE:

CANADIAN BIRTH CERTIFICATE REG. # _____ **OTHER:** _____

DATE REGISTRATION RECEIVED: _____ **BY:** _____