

Kamloops Montessori Preschool & Kindergarten
920 Greystone Crescent
Kamloops, BC V1S 1K7
Phone: (250) 372-9945

REGISTRATION FORM

Child's name _____ F _____ M _____ Birthdate _____

Address _____ Telephone No. _____

City _____ Postal Code _____

Mother's name _____

Place of business _____ Telephone No. _____

Address _____

Father's name _____

Place of business _____ Telephone No. _____

Address _____

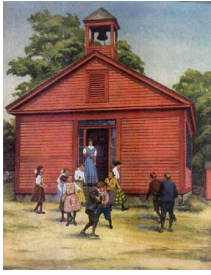
Please name two people that could be called in an emergency, if parents cannot be reached

1st name _____ Address _____

Relationship _____ Telephone No. _____

2nd name _____ Address _____

Relationship _____ Telephone No. _____



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STUDENT INFORMATION

Describe previous preschool experiences _____

Would you tell us a little about your child?

a) Physical abilities, interests _____

b) personality characteristics – shy, outgoing, any fears? _____

c)