



**Kamloops Montessori Preschool/Kindergarten
& Kamloops Montessori Academy**

920 Greystone Crescent

Kamloops, BC V1S 1K7

Phone: (250) 372-9945

372-9943

REGISTRATION FORM

Child's name _____ F ___ M ___ Birthdate _____

Address _____ Home Telephone No. _____

City _____ Postal Code _____

Email Address: _____

Mother's name _____ Cellphone Number: _____

Place of business _____ Telephone No. _____

Address _____

Father's name _____ Cellphone Number: _____

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. _____

* A division of Peace Educational Services Corporation



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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) Is there anything else you can think of that would help us to know and understand your child better?

Other children in the family?

Name	Age	Sex M/F
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Do you have any specific academic or social goals in mind for you child during their preschool years?
