



**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

1<sup>st</sup> name \_\_\_\_\_ Address \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone No. \_\_\_\_\_

2<sup>nd</sup> name \_\_\_\_\_ Address \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone No. \_\_\_\_\_



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## **STUDENT INFORMATION**

Describe previous preschool experiences \_\_\_\_\_

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Would you tell us a little about your child?

a) Physical abilities, interests \_\_\_\_\_

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b) personality characteristics – shy, outgoing, any fears? \_\_\_\_\_

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c)