



**Kamloops Village Garden Montessori
Early Learning Centre**

700 Hugh Allan Drive
Kamloops, BC V1S 1N3
(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. _____

- A division of Peace Educational Services Corporation
- We are not affiliated with Southwest Community Baptist Church

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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

Do you have any specific academic or social goals in mind for you child during their preschool years?
