

# Sherwood Park Kindergarten Registration Form

Child's Full Name: \_\_\_\_\_

Preferred Name: (if different than above) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Cell#: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Cell#: \_\_\_\_\_ Occupation: \_\_\_\_\_

Primary Email: \_\_\_\_\_

Secondary Email: \_\_\_\_\_

(if you want a secondary person for school communications)

Emergency Contact: (other than parents) \_\_\_\_\_

Contact #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Siblings and Ages: \_\_\_\_\_

Allergies: \_\_\_\_\_

Alberta Health Care #: \_\_\_\_\_

Tax Support: Public or Catholic: \_\_\_\_\_

Any Prior Programming: \_\_\_\_\_

How Did You Hear About Our Program? \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

Second Guardian Signature: \_\_\_\_\_

(only needed if joint custody)

**Note: A non-refundable registration fee of \$150.00 is due at time of registration as well as a copy of the child's birth certificate.**

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## FOR OFFICE USE ONLY

Date of Registration and Payment Type: \_\_\_\_\_