



Play Date Preschool

Registration Form

Child Details									
First Name									
Last Name									
Preferred Name					Gender	M		F	
Date of Birth	D	D	/	M	M	/	Y	Y	
Parent 1 Info									
First Name									
Last Name									
Cell Phone					Work Phone				
Email									
Parent 2 Info									
First Name									
Last Name									
Cell Phone					Work Phone				
Email									

School Details									
When will the child start school?	Month		Year		Date (if known)				
Class you wish to enroll	Play Group (18 mths-2yrs)		Toddlers (2 yrs-3yrs)		Early Learners (3 yrs-4yrs)		K4 (4yrs-5yrs)		
After Care	Yes		No						

Medical Details

Does the child have a diagnosed medical condition that may require support?

Yes

No

Details: