



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 months)	Toddlers (2 years)	Early Learners (3 years)	K4 (4 years)	After Care
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Medical Details

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

Yes

No

Details: