

**Miss Melissa's Modified Montessori  
Preschool**

108 Naito Court  
Kelowna, BC V1V 1S9  
250-763-5909

**REGISTRATION INFORMATION**

Child's Name \_\_\_\_\_

M\_\_\_F\_\_\_ Age \_\_\_\_\_ Birth Date (M/D/Y) \_\_\_\_\_

Height \_\_\_\_\_ inches Weight \_\_\_\_\_ lbs Eye Color \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Email address \_\_\_\_\_

Is there a custody agreement? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:  
(Photocopy may be required)

**Medical Information**

Medical # \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any physical, mental, emotional or behavioral  
disabilities of which staff should be aware of? Please explain.

\_\_\_\_\_  
\_\_\_\_\_

Medication (name, dosage, side effects)

\_\_\_\_\_

Medical Alert Information (allergies, etc.)

\_\_\_\_\_

Immunizations: photocopy provided \_\_\_\_ Conscientious objector signed \_\_\_\_

**Parent Information**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Pick up authorization Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Pick up authorization Yes \_\_\_\_\_ No \_\_\_\_\_

**Emergency Contacts** (different from above)

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Pick up authorization Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Pick up authorization Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Pick up authorization Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*\*Please provide a list of any person(s) NOT permitted access to your  
child. Include first and last name.

\_\_\_\_\_

**Guardian Signature** \_\_\_\_\_

**Date**\_\_\_\_\_