

**Miss Melissa's Modified Montessori
Preschool**

108 Naito Court
Kelowna, BC V1V 1S9

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 _____