



Kismet Kids Learning Centre Preschool Registration Form

Personal Information

Full Name of Child: _____ Gender: M/F

Date of Birth: _____ Phone Number: _____

Address: _____

Mother's Name: _____ Phone Number: _____

Place of Employment: _____

Work Phone: _____

Address (if different from child's): _____

Father's Name: _____ Phone Number: _____

Place of Employment: _____

Work Phone: _____

Address (if different from child's): _____

Persons Authorized to Pick up Child (other than parents listed above):

1) Name: _____ Relationship: _____

2) Name: _____ Relationship: _____

Emergency Contact: _____ Phone: _____

Please email completed registration form to kismetkidslearning@gmail.com

For Office Use Only:

Date of Enrollment: _____