

DATE OF ENTRY \_\_\_\_\_  
DATE OF DISMISSAL \_\_\_\_\_  
DEPOSIT \$ \_\_\_\_\_ .00 CHQ. # \_\_\_\_\_  
DEP. RECEIVED ON \_\_\_\_\_

**The Kinder Connection**  
**J.K./S.K. Registration Form**  
A DIVISION OF SAC EDUCATION INC.



Please complete in DETAIL and return with a non-refundable, non-transferable \$300.00 deposit.

Date: \_\_\_\_\_ \*JK Students must be 4 years of age by Dec. 31/SK age 5 by Dec. 31

1. *Child's Name:* \_\_\_\_\_ Sex: M \_\_\_\_ F \_\_\_\_

Child's Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Day) (Month) (Year Born)

Child Entering: \_\_\_\_ J.K. or \_\_\_\_ S.K. Child's Other School: \_\_\_\_\_

2. *Mother's Name:* \_\_\_\_\_

Home Address if Different From Above: \_\_\_\_\_

Mother's Work Address: \_\_\_\_\_

Mother's Home Phone: ( ) \_\_\_\_\_

Mother's Cell Phone: ( ) \_\_\_\_\_

Mother's Work Phone: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

3. *Father's Name:* \_\_\_\_\_

Home Address if Different From Above: \_\_\_\_\_

Father's Work Address: \_\_\_\_\_

Father's Home Phone: ( ) \_\_\_\_\_

Father's Cell Phone: ( ) \_\_\_\_\_

Father's Work Phone: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

4. *Additional Information:*

Allergy/Medical Concerns: \_\_\_\_\_

Food Restrictions: \_\_\_\_\_

Other: \_\_\_\_\_

Please circle choice of days (minimum 2 days) : M T W TH F Time: a.m. or p.m.

Please check-off desired location: \_\_Beth Sholom \_\_Bathurst/Wilson \_\_Dufferin/Summeridge