

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

The Kinder Connection
Nursery Registration Form
A DIVISION OF SAC EDUCATION INC.



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

Date: _____ *Nursery Students must be 3 years of age 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)

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 half-days) : M T W TH F Times: a.m. or
Please check-off desired location: ___Beth Sholom (a.m. only) ___Bathurst/Wilson ___Dufferin/Summeridge