



KENAN CENTER MONTESSORI PRESCHOOL APPLICATION
2018-2019 School Year

Parents' Names: _____

Child's Name: _____ Boy _____ Girl _____ Child's DOB: _____

Address: _____

Home Phone #: _____ * Email Address: _____

*** You will automatically be subscribed to receive our exclusive Kenan Center E-newsletter**

Places of Employment

Mother: _____ Phone #: _____

Father: _____ Phone #: _____

In case of medical emergency, call: _____

Please give the name and relationship of persons who can be reached if you are not available:

1. Name _____

Address _____ Phone _____

2. Name _____

Address _____ Phone _____

Allergies: _____

Medications: _____

Other information regarding your child we should know: _____

I hereby give my permission for photographs and/or videos of my child to be shown in promotional, informational, and website materials for the promotion of the Kenan Center.

Parent or Guardian Signature

**Please return form with non-refundable application fee of \$200 to:
Kenan Center Business Office, 433 Locust St., Lockport, NY 14094**

<p>FOR OFFICE USE ONLY</p> <p>_____ DATE RCV'D</p> <p>_____ \$200 Registration Fee</p> <p>Referred by:</p>
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