



**KENAN CENTER MONTESSORI PRESCHOOL APPLICATION  
2017-2018 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 \$75 to:  
Kenan Center Business Office, 433 Locust St., Lockport, NY 14094**

<p><b>FOR OFFICE USE ONLY</b> _____ DATE RCV'D _____ \$75 Registration Fee Referred by:</p>
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