



Kaleidoscope School

15025 N 19th Ave
Phoenix, AZ 85023
T 602-845-5983
F 623-780-1867
www.learnatkps.com
contact@kaleidoscopepreschool.com

Kindergarten Registration for 2018-2019

STUDENT INFORMATION

Full Name _____ Sex M F DOB ___/___/___

Address _____ City _____ State/Zip _____

Does your child require special education or have physical accommodations? _____

PARENT / GUARDIAN INFORMATION

Mother's Name _____ Email _____

Address _____ City _____ State/Zip _____

Occupation _____ Location _____

Phone (H) (____) _____ (W) (____) _____ (C) (____) _____

Father's Name _____ Email _____

Address _____ City _____ State/Zip _____

Occupation _____ Location _____

Phone (H) (____) _____ (W) (____) _____ (C) (____) _____

Sibling Name(s) and Age(s) _____

Where did you hear about Kaleidoscope?

Friend Social Media Internet Search North Hills Church Ad (Internet) Ad (Other)

Other / Name of Friend _____

EXTENDED CARE OPTIONS

Kindergarten is Monday through Friday, 8am to 3pm. If you need extended hours, please select from the options below

3pm – 5pm M/W/F

3pm – 5pm M – F

By signing, I acknowledge that the information above is correct.

Parent signature _____ Date ___/___/___

Note: To secure your child's position, please include a \$150 registration fee, with \$100 going towards first month of tuition when submitting the application.