



**CROSSROADS
COMMUNITY
PRESCHOOL**

1803 14th Avenue NE
Calgary, AB
Canada
Email: jhohenstein12@gmail.com

crossroadspreschool.ca

REGISTRATION FORM

Date: _____

Child's Name: _____
(Surname) (Given Names)

Age: _____ Birthdate: (DDMMYY): _____

Mother's Name: _____
(Surname) (Given Names)

Father's Name: _____
(Surname) (Given Names)

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone No: _____ Email: _____

Please indicate your first and second choice for class times. We will do our best to accommodate your request. If you would like to register for five days/week, please speak with Miss Jenn.

3 yr old classes **3A** – Tues/Thurs AM 9:00 am – 11:30 am

3B – Tues/Thurs PM 12:00 pm – 2:30 pm

4 yr old classes **4A** – Mon/Wed/Fri AM 9:00 am – 11:45 am

4B – Mon/Wed/Fri PM 12:15 pm – 3:00 pm

How did you hear about us?

Word of mouth/referral ☐ Calgary's Child Magazine ☐ Website ☐ Returning Family ☐

Other: _____

Office Use Only

☐ Registration Fee/Community Membership ☐ PAD Form or VOID Cheque

☐ Birth Certificate ☐ Healthcare Number ☐ Immunization Records

☐ Paid by Credit Card (last 4 digits): _____