



Kaleidoscope School

3434 W. Greenway Road, Suite
Phoenix, AZ 85053

T 602-845-5983
F 623-780-1867

www.learnatkps.com
contact@kaleidoscopepreschool.com

Preschool Registration for 2019-2020/Pre Start Day

STUDENT INFORMATION

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

Address _____ City _____ State/AZ _____

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

PARENT / GUARDIAN INFORMATION

Mother's Name _____ Email _____

Address: _____ City _____ State/Zip _____

Occupation _____ Employer _____

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

Father's Name _____ Email _____

Address: _____ City _____ State/Zip _____

Occupation _____ Employer _____

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

Sibling Name(s) and Age(s) _____

Where did you hear about Kaleidoscope?

Friend Internet Advertisement Through the Church Advertisement (not on internet)

Other (name of friend) _____

ENROLLMENT OPTIONS

Please select your preferred enrollment options:

Select your preschool class

____ Preschool M/W/F 9am – 12pm
____ Preschool M-F 9am – 12pm
____ KinderPrep M-F 9am – 12pm

Select extended hours (optional)

____ Before Care 7:30am – 9am
____ M/W/F 12pm – 3pm
____ M-F 12pm – 3pm
____ M/W/F 3pm – 5pm
____ M-F 3pm – 5pm

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's tuition when submitting the application.