

KIDS PEACE TIME REGISTRATION

KPT USE ONLY

Day _____
Class _____
Amount _____ CK# _____
Siblings _____
Medical _____ Personal _____

Child's name _____

Name your child goes by (nickname) _____

Boy or Girl _____ Birth date _____

Address _____

(city)

(zip)

E-mail address: _____

Father's name _____

Mother's name _____

Phone Number (home) _____

(cell/work) _____

Age of child Sept. 1, 2010 _____

Potty trained or training? _____

Day you prefer (please rank 1-3) _____

Monday _____

Tuesday _____

Thursday _____

Note: If already signed up for preschool...which days? _____

Comments/Special requests: _____

Registration Form 2010-2011
Peace-eagan.org/kpt