



Smart Start Preschool Registration Form

Date of Visit: _____
Class: _____
Expected Start Date: _____
School Bus Required: _____

Child Information

English Name: _____ Chinese Name: _____
Date of Birth ____ (DD) / ____ (MM) / ____ (YYYY) Gender: male / female
Nationality: _____ Country of Birth: _____
Passport Number: _____
Identification Number: _____ ARC # ID #
Home Address: _____
Permanent Address (if different from home address): _____
Home Phone: _____

Family Information

Father

English Name: _____
Chinese Name (if applicable): _____
Business Phone: _____
Mobile Phone: _____
Company Name: _____
Email: _____

Mother

English Name: _____
Chinese Name (if applicable): _____
Business Phone: _____
Mobile Phone: _____
Company Name: _____
Email: _____

Emergency Information other than Parents / Guardian

Name: _____ Relationship: _____
Home Phone: _____ Mobile: _____

Enrolment Details

Please mark where appropriate:

- Full Day Program Half Day Program (Unavailable for Preschool / Kindergarten)
 School Bus (Return trip / One way AM PM)

Address for pick-up/drop-off (if different from home address)

Medical Conditions

Please list any allergies or intolerance to food, medication, etc.

Please list any medical issues (including but not limited to: physical, emotional or cognitive issues, developmental delays, chronic conditions).

Supporting Documents

All children must provide digital copies of the following upon enrollment:

- 1.) All vaccination records
- 2.) Passport
- 3.) ARC

Parent Agreement (please check the boxes)

- When the child becomes ill, the parents /guardian will be notified right away for a pick up. Parent/guardian agrees to pick their child promptly upon receiving the notice.
- I, the parent/guardian, authorize Smart Start Preschool to obtain immediate medical care if an emergency occurs and I cannot be reached.
- I, the parent/guardian, authorize Smart Start Preschool to take photographs of my child during daily activities. Photos will be shared to you via google drive, and may be shared on our official social media and/or monthly newsletter.

Signature: _____

Date: _____

Please fill out this form and email it to kindersmartstart@gmail.com or bring it to the office!