

EMERGENCY CONTACT INFORMATION

SCHOOL YEAR 20____ thru 20_____

Circle which facility your child/children attend

Kradle to Kindergarten Preschool I / Kradle to Kindergarten Preschool II

Child's Name _____

DOB _____

Parent/Guardian _____

Cell Phone Number _____

Work Number _____

Secondary Contact Person

Name _____

Phone Number _____

Siblings attending our facility: Yes____ No____

If Yes, Please List Siblings Below

Child _____ Age _____

Child _____ Age _____

Child _____ Age _____



Kradle To Kindergarten Preschool I, Inc.
2500 North State Road 7
Lauderdale Lakes, FL 33313
Office 954.835.5228 ~ Fax 954.916.7026
www.kradletokindergartenpreschool.com
email address: kradletokindergarten@yahoo.com

Kradle To Kindergarten Preschool II, Inc.
1269 NW 40th Avenue
Lauderhill, FL 33313 ~ inside Lauderhill Mall
Office 954.999.5003 ~ Fax 954.999.5844
www.kradletokindergartenpreschool.com
email address: kradletokindergarten@yahoo.com

RECOMMENDATION

Please circle YES or NO for the questions below:

Were you recommended to our school? YES NO

If so, does the person that recommended you currently have a child enrolled in our facility? YES NO

If they currently attend our facility, what is the person's name and their child's name that referred you? (If they have more than one child, only one child's name is needed.)

DATE