

# KINDERGARTEN REGISTRATION FORM

Must be 5 years old on or before December 1st, 2012

Child's Name (please print) \_\_\_\_\_

Birthdate

/ /

Home Street Address \_\_\_\_\_

City

Zip

Phone

After School Day Care Address \_\_\_\_\_

Which address will your child usually go to after school, home \_\_\_\_\_ or Day Care \_\_\_\_\_.

\_\_\_\_\_ My child has been in preschool. Where? \_\_\_\_\_

\_\_\_\_\_ Has your child received SPEECH \_\_\_\_\_ OT/PT \_\_\_\_\_ or been enrolled in any PPI or ECSE classes? \_\_\_\_\_

\_\_\_\_\_ My child has NOT been in preschool.

Parent's Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please sign

Date

Please print name

## Office Use Only

\_\_\_\_\_ Received completed immunization

\_\_\_\_\_ Bus number

\_\_\_\_\_ Received Social Security Number

\_\_\_\_\_ Received State Birth Certificate

\_\_\_\_\_ Received proof of residency (drivers license, light bill, phone bill, etc.)

\_\_\_\_\_ Vision/Hearing

\_\_\_\_\_ Health Dept. paper

KEYED \_\_\_\_\_

\_\_\_\_\_ Letter sent

SCHEDULED \_\_\_\_\_