

# 2019-2020 Kindergarten Registration Form

Name of child \_\_\_\_\_

Child's birthday \_\_\_\_\_

Child's Social Security Number \_\_\_\_\_

Child's Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of Parent(s)/Guardians(s) \_\_\_\_\_

Address of Parent(s)/Guardian(s) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone Number of Parent(s)/Guardian(s) \_\_\_\_\_

*In case you cannot be reached, please provide a contact name and phone number.*

\_\_\_\_\_

**Please print this form, complete the questions, and return to the elementary school in your attendance district.**