

2018-2019 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.