

KINDERGARTEN REGISTRATION

Name of Student _____
First Middle Last

Birthday _____
(Month / Day / Year)

Street (Physical Address) _____

P.O. Box (if mailing address is different) _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ E-mail Address _____

Emergency Contact Name and Number _____

Transportation Home: Car _____ Bus _____ Bus Driver _____

Pre-school Attended _____

Mother/StepMother/Female Guardian _____
(Circle One)

Place of Employment _____ Phone Number _____

Father/StepFather/Male Guardian _____
(Circle One)

Place of Employment _____ Phone Number _____

Names and Ages of Brothers and Sisters _____

List of people who can pick up your child: _____

Please use the rest of this page to inform us of any facts you think we should know about your child. (Medical (any allergies), Physical, Discipline Problems, etc.)
