



**Kindergarten Registration Form  
2020-2021**

*Please Print*

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_  
Last First Middle

Sex:  Male  Female Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_

Home School: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_  
Name Relationship Address

Parent/Guardian 2: \_\_\_\_\_  
Name Relationship Address

Email: \_\_\_\_\_  
Parent/Guardian 1 Parent/Guardian 2

Phone: \_\_\_\_\_  
Parent/Guardian 1 Home Cell Parent/Guardian 2 Home Cell

- I would like my child in half-day kindergarten in 2020/2021  Yes  No
- I would like my child in full-day kindergarten in 2020/2021  Yes  No
- My preference for my child's placement in full-day kindergarten in 2020/2021 is as follows (Please check only one)  
 Home School  
 Kindergarten Center  
 No Preference
- I would like to be considered for Reduced Tuition under the State Guidelines of Being Economically Disadvantaged for full-day kindergarten  Yes  No  
*\*\* See attached sheet with information*

Parent/Guardian Signature(s): \_\_\_\_\_  
Parent/Guardian 1 Parent/Guardian 2