

S-D-A PRE-KINDERGARTEN REGISTRATION

Date of Registration: _____

Gender: M ____ F ____

Name: _____
(Last Name) (First Name) (Middle Name)

Birthdate: _____ Birthplace: _____

Ethnicity: ____ Caucasian ____ American Indian ____ Asian ____ Black
____ Hispanic ____ Pacific Islander Other _____

Parents or Guardians:

(Father's Full Name) (Mother's Full Name)

(Father's phone) (Mother's phone)

(Complete Mailing Address) (City) (State) (Zip)

Physical Address (if different from mailing address, need more than a P.O. Box):

Does the child reside in the S-D-A School District? Yes ____ No ____

If no, what is the resident school district? _____

Does the child suffer from any physical defects which would impair school work or play?

Yes ____ No ____ If yes, please explain briefly: _____

Will your child ride the school bus? Yes ____ No ____

Has your child received early childhood education services? Yes ____ No ____

If yes, please explain briefly: _____

Child is residing with (circle one) Both parents Mother Father
Other (specify) _____

Brothers & Sisters Gender Birthdate Birthplace

Session Preference (Please mark one.) ____ Morning ____ Afternoon

Pre-Kindergarten enrollment is subject to program capacity during the year of attendance. Capacity is not determined until the spring prior to the child attending Pre-Kindergarten.

REGISTRATION DOES NOT GUARANTEE ENROLLMENT.