

Kindergarten Class Registration

Child's name _____ DOB _____

Parent/Guardian's name _____

Address _____

Phone: home: _____ cell: _____

Pre-K Care and Education (check all that apply)

- ____ Childcare: ____ Center-based
 ____ Family Child Care Home
 ____ Family, Friend, Neighbor, Nanny
- ____ ECFE (Early Childhood Family Education)
 ____ District 742 ____ Other district: _____
- ____ School district pre-school program
 ____ District 742 ____ Other district: _____
- ____ Headstart
- ____ Private preschool
- ____ Other: _____

Forms completed and returned:

- ____ Student registration form
- ____ Transportation form
- ____ Pre-school screening form
 ____ screening **completed**
 ____ screening **needed**
 Appt. date: _____
- ____ Additional information:
 ____ Immunization forms

I request that my child be enrolled in:

All day Kindergarten at:

- ____ Clearview ____ Madison
____ Discovery ____ Oak Hill
____ Kennedy ____ Talahi
____ Lincoln ____ Westwood

Language Immersion class at:

- ____ **Chinese Immersion** (Madison)
 Attendance area school _____
- ____ **Spanish Immersion** (Clearview)
 Attendance area school _____

Jumpstart program (for students new to the country and/or limited English skills)

- ____ Discovery Elementary
____ Talahi Elementary



Verification of:

- ____ Birth certificate/I-94
 Country of issue: _____
 Other: _____

Language Assessment:

(for English language learners)

- ____ Not applicable
- ____ Needs to be scheduled
 language spoken: _____
 phone # _____
- ____ Completed (date _____)

Date _____

WC/school staff _____