



Date: _____

Student Name: _____

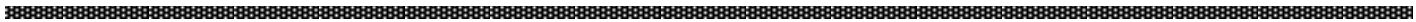
Parent Name: _____

Dear Kindergarten Parent:

In order to help us with class assignments in the spring, we need to know which kindergarten class you will be interested in attending. We also need to have a 2nd choice selected in case we do not have room in a class, or have an imbalance in class preference.

Please take a minute to fill in the form below, and send it in with your application. We also need a **copy** of your child’s birth certificate along with a \$50.00 registration fee.

Thank You.



Please mark **1** by your 1st choice and **2** by your second choice.

_____ AM Kindergarten class (8:15-11:15)

_____ PM Kindergarten class (12:10-3:05)

_____ All Day Kindergarten class (8:15-3:05)

_____ Has Preschool sibling at TCS – coordinate placement