



Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

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

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 2<sup>nd</sup> 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 1<sup>st</sup> 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)