

2013 Registration Form
Kindergarten Readiness Summer Academy

Student Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact Name: _____ Phone: _____

LIST ANY HEALTH CONCERNS:

Kindergarten Readiness - 8:00 - 11:00 AM (Monday - Thursday)
Weeks of June 10, 17, 24 July 8, 15 (no class the week of July 1)

School Site Preferred: Clayton Lakeview Tullar
 Coolidge Roosevelt Wilson
 Hoover Spring Road

I understand that by enrolling my child in the Kindergarten Readiness Class, I am committed to have him/her attend class each day. I am also committed to working with my child during August on suggested activities from the summer school teacher.

Parent/Guardian Signature

Date

**Return this form to the school where your child is registered for kindergarten by
March 1.**

You will be notified of your child's placement by letter in mid May.