

Kindergarten Information Form

Please check your choice of kindergarten program (Child needs to be 5 years old on or before October 1st, 2018)

____ Half day: 8:45-11:25am daily, Monday –Friday (no cost)

____ Full Day: 8:45am-3:30pm Monday through Friday (\$300.00 - monthly)

Last _____ First _____ Middle _____ Suffix _____

Gender _____ Birth Date ____/____/____

Home Phone _____ Is this your youngest or only in the school? Yes _____ No _____

Address _____ City _____ State _____ Zip _____

Parents/Guardians Who Reside with Student

Last Name _____

Last Name _____

First Name _____

First Name _____

Email Address _____

Email Address _____

****IMPORTANT****

JEFFCO CONNECT MUST BE COMPLETED FIRST IN ORDER TO REGISTER YOUR CHILD. PLEASE FOLLOW THE INSTRUCTIONS AND COMPLETE ALL INFORMATION. **PLEASE PRINT A COPY OF YOUR CHILD'S JEFFCO CONNECT SUMMARY & BRING ALONG WITH COPIES OF BIRTH CERTIFICATE, IMMUNIZATION RECORD, PROOF OF RESIDENCY, OTHERWISE YOUR REGISTRATION WILL NOT BE COMPLETE.**

CHECKLIST

____ Copy of Birth Certificate

____ Migrant Form (if applicable)

____ Copy of Current Immunization Record

____ Proof of Residency

____ Jeffco Connect Summary