## **PLEASE NOTE:**

If your child is currently enrolled in **Kindle, Walls or Memorial <u>PRE-SCHOOL Program</u>** you **do not need** to register them a second time. Please circle which <u>pre-school</u> they are currently attending.

Memorial Walls Kindle

## <u>KINDERGARTEN REGISTRATION</u> PITMAN PUBLIC SCHOOLS 589-2526

Please complete and return to school by Monday, February 5, 2018

My child will sta Date:	_	n in September 20	18.
Child's Name: _			
	Last	First	Middle
Date of Birth: _			
Note:	Children must t	urn five (5) years of a ster for kindergarten	ge on or before October 1st
Name of Parent	ts or Guardians	::	
Address:			
Telephone #:			
Email:			
If this child has a ha	• • •	spect there might be a l	handicap, please
		Riviello at 856-589-2526	

KINDERGARTEN REGISTRATION IS SCHEDULED FOR APRIL 10th - 12th BY APPOINTMENT ONLY.