**KINDERGARTEN REGISTRATION**

*PLEASE NOTE:*

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

***Memorial*** ***Walls*** ***Kindle***

**PITMAN PUBLIC SCHOOLS**

**856-589-2526**

**Please complete and return to school by Monday, February 6, 2017**

My child will start kindergarten in September 2017.

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

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: Children must turn five (5) years of age on or before October 1st in order to**

**register for kindergarten.**

Name of Parents or Guardians: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If this child has a handicap, or you suspect there might be a handicap, please**

**check here: \_\_\_\_\_\_\_\_\_**

Any questions, please contact Lori Moore at 856-589-2526

Return completed form to Memorial School, 400 Hudson Ave., Pitman, NJ 08071

**KINDERGARTEN REGISTRATION IS SCHEDULED FOR APRIL 3RD - 7TH BY APPOINTMENT ONLY.**