

School:

District: Orangeburg Consolidated 5

Kindergarten Registration Form

Child's Name (Please Print)

Previous Childcare/Daycare/Schools

_____ Between ages 3 and 4 ... Name/Type of childcare _____

_____ Between ages 2 and 3 ... Name/Type of childcare _____

_____ Between ages 1 and 2 ... Name/Type of childcare _____

_____ Under age 1 Name/Type of childcare _____

_____ None

Sex M F **Race** _____ **Gets To School By:** (Circle One) Car Bus Walk Day Care _____

MOTHER

Name _____

Home Phone(s) _____

Home Address _____

Work Phone(s) _____

Place of Work _____

FATHER

Name _____

Home Phone(s) _____

Home Address _____

Work Phone(s) _____

Place of Work _____

CHILD LIVES WITH Mother Father Other

Name _____

Home Phone(s) _____

Home Address _____

Work Phone(s) _____

Place of Work _____

EMERGENCY CONTACT(S)

Name _____

Home Phone(s) _____

Home Address _____

Work Phone(s) _____

Place of Work _____

Please list Brothers/Sisters with Ages/Schools _____

Person(s) authorized to pick up child from school other than parents:

Name(s) _____
Address _____ Phone _____

Name(s) _____
Address _____ Phone _____

Name(s) _____
Address _____ Phone _____

Child's Doctor _____ Phone _____
Address (be specific) _____

— FOR OFFICE USE ONLY — DO NOT WRITE IN THIS BOX —

_____ Cert. of Immunization – Date _____ MMR#1 _____ MMR#2 _____

_____ Copy of Soc. Security Card — SSN _____

_____ Copy of Official Birth Certificate (Health Dept. Copy) # _____ Birthdate _____

_____ Proof of Address - _____

_____ Admitted _____ Not Eligible _____ Comments _____

Assigned by Office to Grade/Teacher _____

Date Application Submitted _____ **School Staff Initial(s)** _____

Submitted By _____