

**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**

**KINDERGARTEN REGISTRATION**

**PITMAN PUBLIC SCHOOLS**

**589-2526**

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

My child will start kindergarten in September 2018.

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

Child's Name: \_\_\_\_\_

Last

First

Middle

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

**Note: Children must turn five (5) years of age on or before October 1<sup>st</sup> in order to register for kindergarten.**

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

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

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

Email: \_\_\_\_\_

**If this child has a handicap, or you suspect there might be a handicap, please check here: \_\_\_\_\_**

Any questions, please contact Chrisa Riviello at 856-589-2526.

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

**KINDERGARTEN REGISTRATION IS SCHEDULED FOR APRIL 10<sup>th</sup> - 12<sup>th</sup> BY APPOINTMENT ONLY.**