

KINDERGARTEN REGISTRATION CHECK LIST

Students Name: _____

- ___ 1. Welcome to Kindergarten Registration! Begin by picking up a Name tag for your child. **Write his/her first and last name and Birthday on the tag.**
- ___ 2. Complete the enclosed forms:
 - a. Enrollment sheet.
 1. Please fill out the form in its entirety.
 2. Please indicate on the top right hand corner whether you prefer **AM** or **PM kindergarten**. This does not guarantee assignment to that session, but requests will be honored if scheduling permits.
 - b. Permission to "swish".
- ___ 3. Check with the nurse about your child's immunization record.
- ___ 4. Give your child's physical examination form to the nurse, or pick up a physical examination form to be completed by your family physician. **This must be turned in by the opening of school in the fall.** Your child will go to the nurse for visual screening.
- ___ 5. Then to Mrs. Player for a speech and hearing evaluation.
- ___ 6. Report to Jacki to show enrollment card and **birth certificate**. If you don't have an official birth certificate, you may pick up an application form today. **This must be shown by the first day of school in the fall.**
- ___ 7. Check to make certain that all records are accurate and requirements are complete. Your child should have five stickers on his/her name tag to indicate assessment in each area has been completed.

