**Kdg 2018-2019 Information Form – this does not complete the registration process. This pre-registers your child. You will receive a registration packet in April.**

**Please complete and return this section to May Watts School by Friday, February 9, 2018.**

CHILD’S FULL LEGAL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last name, first name)

GENDER: MALE\_\_\_ FEMALE \_\_\_

What name should we use for your child in their class and on his/her name plate?

(i.e. John or Johnny)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COUNTRY OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ U.S. Citizen: Y \_\_N\_\_

City of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State of Birth: \_\_\_\_\_\_\_\_\_

1st YEAR IN A U.S. SCHOOL (if child was born outside U.S.A.)? Y\_\_ N\_\_

(Does not include pre-school)

Ethnicity\*\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Statement of Voluntary Ethnic Information: Government agencies require periodic reports on the sex and ethnicity of students. This data is for analysis & reporting only. Submission of information is voluntary. The codes available are as follows: 12=American Indian/Alaska Native;13=Asian; 14=Black or African American; 15=Hawaiian or Pacific Islander; 11=Hispanic or Latino; 17=Two or more races; 16=White

PARENTS’/GUARDIANS’ FIRST AND LAST NAMES:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Father’s/Guardian’s full legal name) (Mother’s/Guardian’s full legal name)

Last Name, First Name Last Name, First Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Father’s email address) (Mother’s email address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Father’s cell phone number) (Mother’s cell phone number)

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SUBDIVISION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**

DOES YOUR CHILD ATTEND PRE-SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME AND ADDRESS OF PRESCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOW MANY YEARS HAS YOUR CHILD ATTENDED PRE-SCHOOL\_\_\_\_\_\_\_\_

Do you have other children who attend May Watts School?\_\_\_\_\_\_\_\_\_\_\_\_\_

List Name(s) and Grade Level(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE LIST ANY HEALTH CONCERNS/OR ANY OTHER PERTINENT INFORMATION YOU FEEL IS NECESSARY TO HELP US KNOW YOUR CHILD:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRIMARY LANGUAGE SPOKEN IN HOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IS THERE A SECONDARY LANGUAGE USED? IF SO, WHAT IS USED?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOES YOUR CHILD SPEAK ANOTHER LANGUAGE OTHER THAN ENGLISH?

YES.\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_

DO YOU PREFER THE FOLLOWING?

\*Half-day kindergarten \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All day kindergarten \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attendance hours: 9:05 a.m. to 3:35 p.m. daily

\***If you are interested in half-day, please contact the building principal at 630 428-6700.**

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**