

# Spring Brook Elementary School

2700 Seiler Drive

Naperville, IL 60565

David Worst, Principal

(630) 428-6600 - Fax: (630) 428-6601

January 30, 2018

Dear Parents/Guardians:

If you have a child who will be five (5) years old on or before September 1, 2018, he or she is eligible to enroll in kindergarten for the 2018-19 school year. We are pleased to offer **ALL-DAY kindergarten** for your child.

➤ **Hours**                      **9:05 A.M. - 3:35 P.M.**

You are invited and encouraged to attend a **Kindergarten Parent Preview Night on Wednesday, February 28 at 6:30 p.m. in the gym.** At this meeting, we will provide a detailed look at what the kindergarten experience will offer. You will also be provided with more details related to registration requirements and deadlines. This night is designed for parents and guardians only.

We need the **Information Sheet** on the attached page ***prior to orientation*** so that we can begin planning kindergarten enrollment for the upcoming school year. This Pre-Registration information will be used to form a kindergarten mailing list. Once on the mailing list, additional information will be mailed to eligible kindergarten parents. Information regarding registration will be available after April.

If you have any neighbors who do not presently have school-aged children, but will have an incoming kindergartner, please give them a copy of this form or ask them to call our office at **630-428-6600** so that we can send them this information. I look forward to meeting you at the Kindergarten Parent Preview Night.

Please mark your calendars!

**Kindergarten Parent Preview Night  
Wednesday, February 28 at 6:30 P.M.**

Sincerely,

David Worst  
Principal

\*District 204 recommends a full day of Kindergarten. However, if you have questions about attending a half-day of Kindergarten, please contact your principal.

**INDIAN PRAIRIE SCHOOL DISTRICT #204  
2018-19 KINDERGARTEN INFORMATION SHEET**

**Legal Student Name** \_\_\_\_\_ **Gender** Male or Female  
(first) (middle) (last)

**Current Address** \_\_\_\_\_  
\_\_\_\_\_

**Email** \_\_\_\_\_

**Subdivision** \_\_\_\_\_ **Phone Number (H/C)** \_\_\_\_\_

**Student Date of Birth** \_\_\_\_\_ **Phone Number (W)** \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_  
(first) (last)

**Did your child attend District 204's Prairie Children Preschool?** YES NO

**Do you have other children at Spring Brook?** YES NO List Name(s) \_\_\_\_\_  
List Name(s) \_\_\_\_\_

**Primary language spoken in the home** \_\_\_\_\_

**Health concerns, other services needed, or any additional information you wish to share:**  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE SPRING BROOK OFFICE  
PRIOR TO ORIENTATION**

**Thank You!**