

2015 KINDERGARTEN ROUNDUP AND PRESCHOOL

May 4—14 (Monday through Thursday)

8:30am-11:30am



Student Name: _____

Date of Birth _____ Current Age _____ Gender _____

Address: _____

Please list any dietary restrictions: _____

Medical Conditions: _____

Emergency Contact: _____

(NAME)

(PHONE #)

Emergency Contact: _____

(NAME)

(PHONE #)

YOU WILL NEED TO PROVIDE THE SCHOOL WITH A COPY OF/OR THE FOLLOWING ITEMS:

- ◆ BIRTH CERTIFICATE
- ◆ IMMUNIZATIONS TO DATE
- ◆ A CHANGE OF CLOSE FOR YOUR CHILD

FOR QUESTIONS PLEASE CONTACT VICTOR SCHOOL AT 642-3221