

Summer Bridge... Getting Ready for Kindergarten

Summer Bridge 2010 Enrollment Form

Child's Name: _____ Date of Birth: ___/___/___

Child's Gender: M F Primary language spoken at home: _____

Child's culture/ethnicity: ___ American Indian or Alaska Native ___ Asian
___ Black or African American ___ Hispanic or Latino ___ Native Hawaiian or Pacific
Islander ___ White ___ Other

Has registered for Kindergarten at (school name/program): _____

Parent/ Guardian's Name: _____

Address: _____

Telephone: () _____ Cell Phone: () _____

Email Address: _____

Please list three contacts for your child to be picked-up after school or during an emergency:

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____

If parents are separated or divorced, does the other parent have permission to pick up the child? Yes No Signature _____
If no, please attach court order.

My child: Has **NOT** attended pre-school
 Has attended programs: _____

Date attended: **From** ___/___/___ **To** ___/___/___

Health Insurance Info: _____ Dental Insurance _____

Please list **any** medical conditions or allergies:

My Child has special social-emotional, behavioral and/or learning needs.
Please Explain:

