



Kindergarten Registration

Please complete the information below. At this time we only need one parent /guardian listed who will be the **primary contact**. This **primary contact** will be the one to receive our email containing the link to complete the registration form. Upon completing the registration form, you will be able to add contacts and all the pertinent information for additional contacts.

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Student
First Name: _____

Student
Middle Name: _____

Student
Last Name: _____

Student
Grade Level: Kindergarten

**Student's
Primary Parent/Guardian (1) Name:** _____

**Student's
Primary Parent/Guardian (1) Email:** _____

Registration link to be sent to this email.

Primary Parent/Guardian (1) Home Phone#: _____

Primary Parent/Guardian (1) Cell Phone#: _____

Secondary Parent/Guardian (2) Name: _____

Secondary Parent/Guardian (2) Home Phone#: _____

Secondary Parent/Guardian (2) Cell Phone# _____