

School _____

KINDERGARTEN REGISTRATION

Please remember that you will need shot records, physical exam, dental & vision exams before your child starts school in August. The students official online registration will be sent to the email address that you provide below.

REGISTRATION FORM

Child's Full Name (please print) _____

Physical Address: _____

Child's Date of Birth: _____

Parent Email Address: _____

Guardian 1 Name: _____ Phone: _____

Guardian 2 Name: _____ Phone: _____

Did your child attend Lincoln County Schools' Preschool? Yes ____ or No ____

If no, why did they not attend?

____ Did not qualify

____ Could no transport child

____ Child attended private/home childcare

____ Other

Kindergarten Camp

August 5th - August 6th (9:00am - 2:00pm)

Will your child attend Kindergarten camp? Yes _____ No _____

If YES, how will your child be transported?

____ Will ride bus

____ I will transport

Bus Pick-Up Location _____

Bus Drop - Off Location _____

Emergency Contact:

Name _____ Phone # _____

Name _____ Phone # _____

Has your child been diagnosed by a physician or receiving treatment for:

___ Asthma (inhaler ___ nebulizer___) ___ Diabetes ___ Heart Problems

___ Seizures with or without fever ___ Other

___ Allergies If yes, what kind _____

Medications: If yes, what medications: _____

Are any of these allergies life threatening? ___Yes ___No Please describe: _____

Is your child on any daily medication that will need to be given during the school day? ___Yes ___No

Parent's Name (please print) _____ **Phone** _____ **Text** ___Yes ___ No

Parent's Signature _____