

**FULL DAY KINDERGARTEN
REGISTRATION FORM**

FOR OFFICE USE

Date Received: _____
Registration Fee: _____
Check #: _____

Please indicate your 1st and 2nd choice of schools to register for:

Central _____ Colonial Park _____ Robin Hood _____ South _____

Child's Name _____ Male _____ Female _____

Address _____ Telephone _____

Date of Birth _____ Place of Birth _____ Email _____

Father's Name _____ Occupation _____

Employer _____ Work Phone _____

Mother's Name _____ Occupation _____

Employer _____ Work Phone _____

Parent's Status: Married _____ Divorced _____ Widowed _____ Separated _____ Single _____

Child's Legal Custodial Parent: _____

Stepfather Name _____ Employer _____

Stepmother Name _____ Employer _____

Child's Primary Language _____ Nationality _____

Other Children in Family: Name _____ D.O.B. _____

_____ D.O.B. _____

Is your child taking any medication at this time? _____ If yes, what? _____

Is there any special information that the school should know about this child or other family members that would be of help in providing services for the child? _____

Is your child able to participate in a full gym program? _____ If no, explain _____

YES!

I am interested in the After School Child Care Program...please send information to the above address.

PAYMENT SCHEDULE

Deposit w/ Registration \$450
August 1, 2008 \$425
November 1, 2008 \$875
February 1, 2009 \$875
April 1, 2009 \$875

MAKE CHECKS PAYABLE TO:

Town of Stoneham

MAIL PAYMENTS TO:

Stoneham Public Schools
Full Day Kindergarten
149 Franklin Street
Stoneham, MA 02180