



Kindergarten Jump Start Registration Form

Student Name: _____ Date of Birth: _____
First Last (mm/dd/yyyy)

Gender: Male Female School the student will attend in the fall: _____

Home Address: _____
Street Apt City Zip

Primary Home Language: English Spanish
 Russian Other _____

Did the student attend a preschool? Yes No If yes, preschool name: _____

Parent/Guardian Name: _____
First Last Relationship (mother, father, etc.)

Phone: () _____ () _____ Email: _____
Home Work

Would you like to receive weekly texts this summer with tips to help prepare for kindergarten? Yes No
If yes, available in: English or Spanish (please check preference)

Cell Phone: () _____ Message and data rates may apply.

Adult picking up student: _____
First Last Relationship (mother, father, etc.)

Emergency Contact: _____
First Last Relationship (grandmother, cousin, etc.)

Phone: () _____ () _____ () _____
Home Cell Work

Emergency Contact may pick up student: Yes No

Does the student have any allergies? Yes No If yes, please describe: _____

Does the student have any other health concerns? Yes No If yes, please describe: _____

Does the student have an IEP/504 Plan? Yes No If yes, please describe any IEP/504 accommodations needed: _____

Photographs, Videos or Other Images:

Release my child's photograph, video or other images for district or public use in publications or media.

Yes No

Parent/Guardian Signature: _____ Date: _____

Please sign and return to your child's school.