



*Inspiring minds. Shaping lives.*

## Pre-kindergarten Registration Application Full Day

Child's name as it appears on birth certificate:

\_\_\_\_\_

*(Last)*

*(First)*

*(Middle)*

Birth Date: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Home Language: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Pre-kindergarten Campus Location: \_\_\_\_\_

Neighborhood Elementary School: \_\_\_\_\_

Name of Sibling(s) Enrolled at Neighborhood School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Payment of a \$50 non-refundable registration fee is attached. Make checks payable to Spring Branch ISD. In addition to this Registration Application, the Parent/District Agreement form must be completed.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date