STOCKBRIDGE VALLEY CENTRAL SCHOOL
Munnsville, New York   13409

Registration Form - Kindergarten

Child's Legal Name: _____ Gender: M   F
First   Middle   Last

Place of Birth (City, State) _____ Date of Birth: _____

Ethnicity: ☐ Caucasian (White) ☐ Native American ☐ African-American ☐ Asian ☐ Hispanic ☐ Other

Father's name: _____

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____ Work Place: _____

Father's Mailing Address: _____

Email: _____ ☐ Can Pick up Child ☐ Receive Mailings

Mother's name: _____

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____ Work Place: _____

Mother's Mailing Address: _____

Email: _____ ☐ Can Pick up Child ☐ Receive Mailings

Step-Parent's name: _____

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____ Work Place: _____

Step-Parent's Mailing Address: _____

Email: _____ ☐ Can Pick up Child ☐ Receive Mailings

Legal Guardian(s) With Whom Child Resides: (If other than parents, guardianship must be proven.)

Name(s): _____ Relationship: _____

Home Address _____
Street   City   State   Zip Code

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____ Work Place: _____

Mailing Address: _____

Email: _____ ☐ Can Pick up Child ☐ Receive Mailings

Please Provide At Least Two Emergency Contact Persons: (Additional contacts may be attached)

Name: _____Relationship: _____

Address: _____ ☐ Can Pick up child

Phone #1: _____ Phone #2: _____

Name: _____Relationship: _____

Address: _____ ☐ Can Pick up child

Phone #1: _____ Phone #2: _____

Has your child been referred to a Committee on Special Education?   Yes ☐   No ☐

Does your child have a current 504 plan or IEP?   Yes ☐   No ☐

Please describe specific problems, if any, your child has encountered in school.

_____

_____

Please list any extra-curricular activities your child has been involved in, in the past.

_____

_____

Any other information that you would like us to know about your child (i.e. food or drug allergies, custody orders, should not be picked up by someone, additional emergency contacts, etc.).

_____

_____

Please list all siblings

Brothers: Name   Date of Birth   Grade in School

          _____   _____   _____

          _____   _____   _____

          _____   _____   _____

Sisters: Name   Date of Birth   Grade in School

          _____   _____   _____

          _____   _____   _____

          _____   _____   _____

_____   _____

Parent/Guardian Signature   Date