



JKE Kindergarten Registration: 2026-2027

Child's First Name: _____ Middle: _____ Last: _____

Address: _____

Birthday: _____ Gender: Male _____ Female _____

Race: _____ White _____ American Indian/Alaska Native _____ Asian _____ Black/African American
_____ Multi/Bi-Racial _____ Hispanic/Latino _____ Native Hawaiian/Pacific Islander

Likes and Dislikes: _____

T-shirt size: _____

Household 1:

Parent: _____ Spouse: _____

Address: _____

Email Addresses: _____

Parent Cell Phone: _____ Spouse Cell Phone: _____

Place of Employment & Phone: _____ Spouse Work Phone: _____

Household 2 (if applicable):

Name: _____ Spouse: _____

Address: _____

Email Addresses: _____

Parent Cell Phone: _____ Spouse Cell Phone: _____

Place of Employment & Phone: _____ Spouse Work Phone: _____

Name/Age of other children in the home: _____

Transportation To: _____ Transportation From: _____

Emergency Contact & Relationship: _____ Primary Phone: _____

Emergency Contact 2 & Relationship: _____ Primary Phone: _____

Preschool Attended: _____

Early Childhood Screening: Completed (Location and Date) _____

Primary Home Language: _____

Immunizations: Completed in MN _____ Completed outside of MN _____ Objector _____

Allergies to Food or Medication: _____

Omit Holiday Celebrations due to Religious/Ethnic Beliefs: Yes _____ No _____