

Kindergarten Registration 2024-2025

Student's	s Last Name	Student's First Name (Please Print)	Date of Birth
Students	Preferred Name		Gender
·=	lent who turns 25 school year.	five (5) on or before December 31, 2024, is eli	igible to enter Kindergarten for the
<u>Progran</u>	n Options		
Please in	dicate if you wo	ould like to have your child attend Full Time or Part	t Time Kindergarten.
	Full-time Mond	lay to Friday (full days)	
•	\$125.00 Mon	corresponds with the Golden Hills School Division thly pay-per-use program fee (due the 1° of every ee \$125.00 Annually	
	Regular (part-ti	me)	
•	A Calendar of	days per week. The exact dates will be determined school days will be available by the end of May. ee \$125.00 Annually	d once enrollment is known.
Parent In	<u>nformation</u>		
Parent Name		Email	
Mailing A	Address		
Phone#_			
Parent Signature		Date	

Thank you for enrolling your child in our Kindergarten Class, we look forward to building a relationship with you and your child throughout this school year!