2018-2019 KINDERGARTEN REGISTRATION

Regional School District No. 6 Goshen Center School

Name:_____ Date of Birth:_____
(Last) (First) (Middle)

Place of Birth:_____ Male(**M**)or Female(**F**):_____

Address:_____

Mailing address *if different* than address listed above:
(Mr. and Mrs. / Mr. / Mrs. / Ms.)_____

Child Resides with:_____Father/Mother _____Father _____Mother _____Other

Alternate mailing Name/Address:_____
(For non-custodial parent, guardian, or separated household)

Father's Name:_____ Mother's Name:_____

Home Phone:_____ Home Phone:_____

Cell Phone:_____ Cell Phone:_____

Work Phone:_____ Work Phone:_____

Email Address:_____ Email Address:_____

Names of Brothers/Sisters:_____ DOB:_____

_____ DOB:_____

_____ DOB:_____

Please list those we may contact in case we are unable to reach you during the day.

Name of Contact	Relationship to Child	Phone Number(s)	Cell Number

Do you give the school nurse permission to contact your child's Pediatrician or the School Doctor in an emergency if you or your contacts cannot be reached? _____Yes _____No

Does your child have any allergies or special needs we should be aware of? ____Yes ____No
If yes, please explain:_____

Child's Pediatrician:_____ Phone:_____

Name of previous school attended (if applicable):_____