



# JOSEPH TERES SCHOOL

## KINDERGARTEN REGISTRATION INFORMATION



**NAME OF STUDENT:** \_\_\_\_\_ **Date:** \_\_\_\_\_

We appreciate the completion of this background information on your child. It will help our school staff to get to know your child better.



Are you eligible for RETSD bus transportation?  Yes  No

To School \_\_\_\_\_ To Home \_\_\_\_\_

1. Please list siblings, with their age and the school they are attending:



Name	Age	School

2. What languages do you speak at home?



\_\_\_\_\_

\_\_\_\_\_

3. Please fill in this chart if your child has had, or is having, any of these experiences.

Experience	Organization	Length of Stay	Will Attend in September: Yes/No
Day Care			
Nursery School			
Baby-Sitter			
Other			

4. What are your childcare arrangements before and after school?


\_\_\_\_\_

\_\_\_\_\_



5. Is there any other information you would like to share with the school?



Odd days /  even days preference, specific problems, or concerns you may have.