

KINDERGARTEN "JUMP START"

Registration Form

Student's Name: _____ Student Date of Birth: _____

Name of Parent/Guardian(s): _____

Home Address: _____

Home Phone Number: _____ Cell Phone Number(s): _____

Work Phone Number(s): _____

Did the student attend a preschool program?

☐ Yes ☐ No

If you answered "Yes", please provide the name of the preschool: _____

Does the student have any allergies: _____

Are there any other health concerns? _____

Please list the name(s) and telephone numbers of anyone who is authorized to pick-up your child after Jump Start each day:

Signature and Date of Parent / Guardian:

DATE _____

Please return this form to the School office. Note: Students must be completely registered for kindergarten before attending the Jump Start program.

Battle Ground Public Schools—For Office Use Only

☐ Student Completely Registered for Kindergarten

☐ Incomplete registration. Missing: