## **Dewberry ECS Kindergarten Registration Form 2024/25**

Student's Full Name: _	<del> </del>
	h:
Mailing Address:	
Phone Number:	
	<del></del>
Mailing Address: S	
Phone Number:	
Alternate number:	
Email:	
	OR Lot, Block, Plan of Student Residence
Student Health Care N	umber:
Emergency Contact #	·
	<del></del>
Phone:	
Emergency Contact #	2:
Phone:	

Parent 3:		
Relationship to child:		
Mailing Address:		
Phone Number:		
Alternate number:		
Email:		<del></del>
Parent 4:		
Relationship to Child:		
Mailing Address:	<del></del>	
	····	
Phone Number:		
Alternate number:		
Email:		
		<del></del>
Siblings:		
Name(s):	Aae:	Grade:
	_	Grade:
		Grade:
		Grade:
<del></del>		41 440.

Are there any MEDICAL concerns for your child?
Please list any ALLERGIES your child has:
A
Are vaccinations up to date? $\square$ YES $\square$ NO
Are there any educational concerns, special abilities, or disabilities that you feel the teacher should be aware of? These can be social, emotional, speech-related, motor-related, etc.
*Student's personal information will be kept confidential. In specific cases where outside services are required, written parental permission will be granted before sharing any information.*
PLEASE PROVIDE A COPY OF YOUR CHILD'S BIRTH CERTIFICATE, and HEALTH CARE NUMBER

## **Field Trip Permissions**

Date

Throughout the school year, the kindergarten class is expected to take tours and field trips to various places. Indicated on the school calendar are the planned days to travel on a planned field trip where parents are given written notice of our itinerary. From time to time it is expected that we will also take walking field trips within the Village of Dewberry town limits.
hereby grant my permission for my child,

Signature