

# Kindergarten/TK Enrollment Information

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Birth Date \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Names and ages of Siblings:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Please answer the following:***

1. Did your child go to Preschool? Yes No

If yes, where? \_\_\_\_\_

2. Did your child attend another TK/Kindergarten Program?

School \_\_\_\_\_ District \_\_\_\_\_

Teacher's name \_\_\_\_\_

3. Will your child be in after school childcare? (Please circle if applicable)

E.S.S. Boys and Girls Club KinderCare Nanny

2. Can you be a classroom volunteer once a week? Yes No

3. What language/languages are spoken at home?

\_\_\_\_\_

As we work together to ensure your child's TK/Kindergarten success, please let us know your child's strengths, challenges, likes, dislikes, etc.

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