

Kindergarten Session Preference

Please complete this form at registration indicating your session preference.

Student Name: _____

Parent/Guardian: _____

Address: _____

Phone Number: _____

Preference: AM (8:00-10:35) _____

 PM (11:35-2:15) _____

Signature: _____ Date: _____

This form does not guarantee that your child will be in the session you request. If there is a higher demand for either session, students may be placed in the classes with lower enrollment. Final placement requires that all registration materials are complete.

Please note that requests for changes to your preference will only be accepted using this form. Please return the request for changes to the office by June 1st.