

BERWICK AREA SCHOOL DISTRICT



**"KINDERGARTEN IS PAW-SOME"  
REGISTRATION**

*A child is eligible for admission to kindergarten if he/she has turned the age of five (5) years on or before September 1, 2019. Children eligible for registration are those who will enter kindergarten who did not attend kindergarten during the current 2019-2020 school year.*

The initial registration of all children will be conducted in February and March. We will be registering all children at their home school.

Listed below is the schedule for kindergarten registration. We hope this will be helpful in planning your working schedule. Please remember that activities have been planned for your child during the registration time, so plan to be with us for 45 to 60 minutes.

**Complete the attached form and return it to one of the elementary buildings or to the Child Accounting Office as soon as possible.** Your appointment will be mailed to you, along with a list of items, you will need to have at registration.

**YOU MUST HAVE AN APPOINTMENT TO REGISTER!**

**SCHEDULE FOR "KINDERGARTEN IS PAW-SOME"**

- Tuesday February 26<sup>th</sup> - West Berwick
- Tuesday March 5<sup>th</sup> - Salem
- Thursday March 7<sup>th</sup> - Nescopeck

The first appointment for each day is 12:30 p.m. and the last appointment for the day will be 6:30 p.m.

The Berwick Area School District's kindergarten sessions for the 2019-2020 school year will be a full day. Children will attend school from 8:40 a.m. to 3:20 p.m.

**PLEASE RETURN KINDERGARTEN APPOINTMENT REGISTRATION FORM BY FEBRUARY 19, 2019. APPOINTMENTS WILL BE MADE ON A FIRST COME FIRST SERVE BASIS.**

Building:	<input type="checkbox"/> West Berwick	<input type="checkbox"/> Salem	<input type="checkbox"/> Nescopeck
	Tuesday, 2/26/19	Tuesday, 3/5/19	Thursday, 3/7/18

**KINDERGARTEN APPOINTMENT REGISTRATION**

*A child may enter kindergarten providing he/she becomes five (5) years of age on or before September 1, 2019.*

Child's Legal Name: \_\_\_\_\_  
Last First Complete Middle

Birthdate: \_\_\_\_\_ Female: \_\_\_\_\_ Male: \_\_\_\_\_

Father's Complete Name: \_\_\_\_\_

Mother's Complete Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Child Lives With: (Circle One) Both Parents Father Mother Other \_\_\_\_\_

Guardian (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Is your child's primary language English? \_\_\_\_\_ Yes \_\_\_\_\_ No

**List three time options that work for you, between the hours of 12:30 pm and 6:30 pm. Appointments are scheduled every half hour beginning at 12:30pm and are at your child's home school. Please call Child Accounting Office (570-759-6400 ext: 3523 or 3530) if you are not sure of which school your child would be attending.**

**Please return this form as soon as possible; appointment times and dates fill quickly.**

First Request: \_\_\_\_\_

Second Request: \_\_\_\_\_

Third Request: \_\_\_\_\_

Parent Comments: \_\_\_\_\_



**OFFICE USE ONLY:**

Registration Date: \_\_\_\_\_ Time: \_\_\_\_\_ Building: \_\_\_\_\_

Parent Notification Date: \_\_\_\_\_ ( ) Via Mail ( ) In Person