



BROWERVILLE PUBLIC SCHOOL KINDERGARTEN REGISTRATION FORM

Child's Full Name: _____

Child's Preferred Name: _____

Child's Birth Date: _____

Parent/Guardian Name(s): _____

Address: _____

Home Phone: _____ Daytime Phone: _____

Younger Siblings and Birth Dates – For School Census

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____