

# 2024/2025 Public Schools of Petoskey Kindergarten Registration

Your child must be 5 on or before September 1, 2024.

Child's Legal Name (As stated on birth certificate) : \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Birthdate \_\_\_\_\_ Resident District \_\_\_\_\_

Has your child had any preschool experience? \_\_\_ Yes \_\_\_ No If "yes" which preschool? \_\_\_\_\_

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Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

**Contact #1** \_\_\_\_\_

Relationship \_\_\_\_\_

Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_

Employer \_\_\_\_\_

Email \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

**Contact #2** \_\_\_\_\_

Relationship \_\_\_\_\_

Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_

Employer \_\_\_\_\_

Email \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

**Contact #3** \_\_\_\_\_

Relationship \_\_\_\_\_

Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_

Employer \_\_\_\_\_

Email \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

**Contact #4** \_\_\_\_\_

Relationship \_\_\_\_\_

Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_

Employer \_\_\_\_\_

Email \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

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Is your student Hispanic or Latino? \_\_\_ Yes \_\_\_ No

What is your student's race (please number all that apply)? \_\_\_ American Indian/Alaskan Native \_\_\_ Asian American \_\_\_ Black or African American \_\_\_ Hispanic or Latino \_\_\_ Native Hawaiian or other Pacific Islander \_\_\_ White

Are you experiencing housing challenges that require your child to be living outside of your family's regular residence? \_\_\_ Yes \_\_\_ No

Is one or more parent/guardian in the military (active/inactive duty)? \_\_\_ Yes \_\_\_ No

What language(s) are spoken in your child's home? \_\_\_\_\_

What language(s) did your child first learn to speak? \_\_\_\_\_

Does your child speak or understand the English language? \_\_\_\_\_

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Who does the child live with (mom and dad, mom only, dad only, 50/50, other)? \_\_\_\_\_

Names of brothers and/or sisters:

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ School \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Does your child have any special needs (ex: IEP, behavior plan, diabetes)? \_\_\_\_\_

Comments \_\_\_\_\_

Parent signature \_\_\_\_\_

Date \_\_\_\_\_