

## KINDERGARTEN PREFERENCE SHEET

Name/s of Child/ren: \_\_\_\_\_

\_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Please check your preference for your child's kindergarten session.

\_\_\_\_\_ Morning Class (8:20 AM – 12:15 PM)

Please note, there is no afternoon busing for half-day kindergarten students.

\_\_\_\_\_ Full Day Class (8:20 AM – 2:50 PM)