

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)