



West Dakota Parent and Family
Resource Center

REGISTRATION FORM

Parent's name: _____

First and last name of the child entering kindergarten in the fall of **2024**.

Child's date of birth: ____/____/____

Phone number with area code: () _____

Street address: _____

City, State, ZIP: _____

Email: *(for Gearing Up correspondence only)* _____

I will need child care for ____ sibling (s). Their ages are: _____

I will be attending supper: ____ Yes ____ No Number of total participants attending: ____

Does your preschooler have special concerns: ____ Yes ____ No If so, please explain:

_____.

I _____ understand that by placing my child _____ in the
(parent or guardian) (child's name)

Gearing Up for Kindergarten program, I am committing to attend at least 80 percent of the classes.

This commitment signifies my support as a parent/guardian for my child's school readiness and recognizes my role as my child's first and most important teacher.

Please note: Returning this form does not guarantee you a spot in the program.

You will be notified of your acceptance.

Email/mail this form to: **skilwein@dpsnd.org** OR **Stacy Kilwein**
444 4th St. West
Dickinson ND, 58601