



## REGISTRATION FORM

(Due by December 15, 2016) – **Space is limited**

Parent or Guardian Name: \_\_\_\_\_

First and last name of your child entering kindergarten in the fall of 2016: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ **(must be 5 years old by August 1<sup>st</sup>, 2017, to be enrolled)**

Special accommodations required? \_\_\_\_\_

Phone number with area code: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: (Required for GUK correspondence only) \_\_\_\_\_

I will need childcare for \_\_\_\_\_ siblings. Their ages are: \_\_\_\_\_

### 10 WEEK SESSIONS – PLEASE SELECT ONE

\_\_\_\_\_ LOCATION: Classes held at **Viking** Elementary School  
DATES & TIME: **Tuesday** evenings, 6:15 – 7:45 PM  
Jan. 10, 17, 24, 31, Feb. 7, 14, 21, 28, March 21, 28, 2017

\_\_\_\_\_ LOCATION: Classes held at **Century** Elementary School  
DATES & TIME: **Monday** evenings, 6:15 – 7:45 PM  
Jan. 23, 30, Feb. 6, 13, 20, 27, March 6, 20, 27, April 3, 2017

\_\_\_\_\_ LOCATION: Classes held at **Winship** Elementary School  
DATES & TIME: **Monday** evenings, 6:15 – 7:45 PM  
Jan. 23, 30, Feb. 6, 13, 20, 27, March 20, 27, April 3, 10, 2017

### YOU MUST ATTEND ALL 10 WEEKS AT THE SAME LOCATION - THEY CANNOT BE MIXED

I \_\_\_\_\_ understand that by placing my child \_\_\_\_\_  
(parent or guardian) (child's name)

in the Gearing Up for Kindergarten program, I am committing **to attend at least 9 of the 10 week 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.

Parent or Guardian signature: \_\_\_\_\_

**Please Note:** By returning this form it does not guarantee you a spot in the program. You will be notified of your acceptance.

Return this form to: Parent Information Center  
Century Elementary School  
3351 17th Ave South  
Grand Forks ND 58201  
or scan & email to: [pic@gfschools.org](mailto:pic@gfschools.org) OR Fax: 701-746-2432

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