



INPEACE Keiki Steps to Kindergarten 2008 Student Registration

INPEACE USE ONLY:
School: _____
Student ID#: _____
Date of Input: _____

Name of school child is registered for kindergarten at: _____

Has child participated in INPEACE's SPARK Program? (Y/N) _____ Keiki Steps Program? (Y/N) _____

Child's Full Name: _____
Last Name First Name Middle Initial

Date of Birth: _____ Male or Female: _____

Parent/Guardian's Name: _____ Relationship: _____

Address: _____ Email: _____
Street Address City Zip Code

Phone: _____ Emergency phone: _____

Insurance: _____ Allergies: _____

Any special medical concerns: _____

Any special needs or circumstances: _____

Please indicate below what experiences your child has had:

_____ Preschool information: _____
Name Dates Attended # of hours per week

_____ Family child care home/babysitter: _____
Dates Attended # of hours per week

_____ Parent-Child/Play & Learn: _____
Dates Attended # of hours per week

_____ Parent or other relative: _____

I will participate in MANDATORY parent sessions that the school provides while my child participates in Keiki Steps to Kindergarten.

****Signed:** _____ **Date:** _____

PHOTO RELEASE

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****Signed:** _____ **Date:** _____

PLEASE RETURN FORM TO THE ELEMENTARY SCHOOL OFFICE BY: _____