

# Cadillac Area Public Schools Kindergarten and Junior Kindergarten Registration Clinic for the 2012/2013 School Year

Kindergarten and Junior Kindergarten Registration Clinics for Cadillac Area Public Schools will be held *May 7-10, 2012*. Please register your child if he/she will be *five (5) years old on or before December 1, 2012*.

*If your child was in the GSRP program or Headstart, he/she will need to go through kindergarten screening. If your child was in the Jr. Kindergarten program for the 2011-2012 school year, he /she does not need to go through the Kindergarten screening.*

Each elementary school hosts a clinic day. There is only one school registration clinic held each year. It is important to keep your scheduled appointment.

You must present your child's immunization records and an official birth record at the time of the clinic. *Hospital birth certificates are not acceptable.*

Please complete the form below and return it to your neighborhood elementary school no later than March 23, 2012. Or mail the form to: CAPS, Attn: KDG Registration, 421 S. Mitchell Street, Cadillac, MI 49601.

You will receive a letter in April confirming your child's registration clinic time. If you have questions, please call Mrs. Hicks, Franklin Elementary Principal, 231-876-5206.

Please mark your calendar for the week of May 7<sup>th</sup>-10<sup>th</sup>, 2012

## Kindergarten and Junior Kindergarten Registration Enrollment Form

*Please complete only one form per child. Detach and return by March 23, 2012.*

**Requesting:** Kindergarten \_\_\_\_\_ Junior Kindergarten \_\_\_\_\_  
(Age 5 by Dec 1, 2012) (Age 5 by Dec 1, 2012)

**Child's Name (exactly as printed on birth certificate):**

\_\_\_\_\_  
Last Name First Name Middle Name

**Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:** Male \_\_\_ Female \_\_\_

**Place of Birth (City, State, and Country):** \_\_\_\_\_

**Child's Address:** \_\_\_\_\_  
Street

\_\_\_\_\_, MI \_\_\_\_\_  
City Zip Code

\_\_\_\_\_  
Home Phone

**Child lives at  
above address with:  
(Please check)**

**Father's Name:** \_\_\_\_\_ **Day Phone** \_\_\_\_\_  
Last Name First Name

**Mother's Name:** \_\_\_\_\_ **Day Phone** \_\_\_\_\_  
Last Name First Name

**Step Parent:** \_\_\_\_\_ **Day Phone** \_\_\_\_\_  
Last Name First Name

**Guardian:** \_\_\_\_\_ **Day Phone** \_\_\_\_\_  
Last Name First Name

**Preferred Clinic Time:** Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ No Preference \_\_\_\_\_