

KINDERGARTEN SELECTION SHEET

2010-2011

NAME OF STUDENT _____

_____ KINDERGARTEN FULL DAY (**8:00-3:00**), Monday
through Friday

_____ KINDERGARTEN HALF DAY (**8:00-11:10**), Monday
through Friday

Parent signature _____ Date _____

Preschool/Pre-Kindergarten Selection Sheet 2010-2011

NAME OF STUDENT _____

Two (2) classes per week are required for preschool.

Preschool HALF-DAY (8:00 AM – 11:10 AM only)

- ___ Monday
- ___ Tuesday
- ___ Wednesday
- ___ Thursday
- ___ Friday

Preschool FULL DAY – Five (5) hours or more

- ___ Monday
- ___ Tuesday
- ___ Wednesday
- ___ Thursday
- ___ Friday

Three (3) classes per week are required for pre-kindergarten.

Pre-kindergarten HALF-DAY (8:00 AM – 11:10 AM or 12:00 – 3:00 PM)

Please choose **AM** or **PM** and the days you would like your child to attend.

AM Session

- ___ Monday
- ___ Tuesday
- ___ Wednesday
- ___ Thursday
- ___ Friday

PM Session

- ___ Monday
- ___ Tuesday
- ___ Wednesday
- ___ Thursday

No Friday PM session

(A minimum number of students per day must be registered to have an afternoon session.)

Pre-kindergarten FULL DAY – Five (5) hours or more

- ___ Monday
- ___ Tuesday
- ___ Wednesday
- ___ Thursday
- ___ Friday

Parent Signature _____ Date _____