

**STOCKBRIDGE VALLEY CENTRAL SCHOOL**  
**Munnsville, New York 13409**

Registration Form - Kindergarten

Child's Legal Name: \_\_\_\_\_ Gender: M F  
   First  Middle  Last

Place of Birth (City, State) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Ethnicity:  Caucasian (White)  Native American  African-American  Asian  Hispanic  Other

**Father's name:** \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Work Place: \_\_\_\_\_

Father's Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_  Can Pick up Child  Receive Mailings

**Mother's name:** \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Work Place: \_\_\_\_\_

Mother's Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_  Can Pick up Child  Receive Mailings

**Step-Parent's name:** \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Work Place: \_\_\_\_\_

Step-Parent's Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_  Can Pick up Child  Receive Mailings

**Legal Guardian(s) With Whom Child Resides:** (If other than parents, guardianship must be proven.)

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address \_\_\_\_\_  
                                     Street  City  State  Zip Code

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Work Place: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_  Can Pick up Child  Receive Mailings

**Please Provide At Least Two Emergency Contact Persons:** (Additional contacts may be attached)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  Can Pick up child

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  Can Pick up child

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Has your child been referred to a Committee on Special Education? Yes  No

Does your child have a current 504 plan or IEP? Yes  No

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Please describe specific issues, if any, your child has encountered in school.

Please list any extra-curricular activities your child has been involved in.

Any other information that you would like us to know about your child (i.e. food or drug allergies, custody orders, additional emergency contacts, etc.).

**Please list all siblings**

<u>Brothers:</u>	Name	Date of Birth	Grade in School
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

<u>Sisters:</u>	Name	Date of Birth	Grade in School
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date