

# 2009-2010 GOMBERT KINDERGARTEN PRE-REGISTRATION

Choose One Option: ALL DAY KINDERGARTEN

HALF DAY KINDERGARTEN

Legal Student Name \_\_\_\_\_ Gender: Male or Female  
(first) (middle) (last)

Current Address \_\_\_\_\_

Subdivision \_\_\_\_\_ Phone Number (H) \_\_\_\_\_

Phone Number (W) \_\_\_\_\_

Student Date of Birth \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_  
(first) (last)

Has your child attended District 204's Prairie Preschool? YES NO

Do you have other children at (insert school name) ? NO YES List Name(s) \_\_\_\_\_

Primary language spoken in the home \_\_\_\_\_

Health concerns, other services needed, or any additional information you wish to share:

PLEASE RETURN THIS FORM TO THE GOMBERT OFFICE  
*AS SOON AS POSSIBLE*  
BUT NO LATER THAN JANUARY 30, 2009

Thank You!