



Keystone Elementary School 2017-2018 Kindergarten Registration

Keystone School District is gathering information to determine the number of children in our district who will be old enough to attend Kindergarten during the 2017-2018 school year.

To enroll in kindergarten, the following requirements must be met:

All children must be:

- 5 years of age before **July 1, 2017** (A copy of the birth certificate or other proof of age **MUST** be provided on registration day.)

All students entering Kindergarten must have the following:

- Date of Chicken Pox disease OR date of 2 Chicken Pox vaccines (Varicella)
- 4 DPT (Diphtheria-Pertussis-Tetanus) with the last vaccine being received after 4th birthday
- 3 IVP or OPV (Polio)
- 2 MMR (Measles/Mumps/Rubella)
- 3 Hepatitis B

Proof of immunizations must be provided on registration day.

A meeting for parents of kindergarten children for the 2017-2018 school year will be held March 15 from 6:30 – 8 pm. During the orientation meeting, parents will visit kindergarten classrooms, meet the kindergarten teachers, principal, guidance counselor, and school nurse. Staff members will be discussing the kindergarten program at this time. Parents will also have the opportunity to sign up for a date and time for their child to complete the registration process. Kindergarten registration will be held on March 28 and 29, 2017.

If you know anyone with a child who will be entering kindergarten in the fall, please share this information with them. Parents may also contact the elementary office at 797-1251. Registration forms and other important information will be mailed to parents who have completed and submitted this form or who have contacted the Elementary Office.

Please complete the following information and return the lower portion of this form to the Elementary Office (451 Huston Ave., Knox PA 16232) no later than Friday, March 3, 2017.

Please return this form by Friday, March 3, 2017.

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Child's Full Name _____

Birth Date _____ Sex: (circle one) Male Female

Parent/Guardian Name(s) _____

Mailing Address _____

Physical Address (if different from above) _____

Home Phone _____

Work Phone _____

Cell Phone _____

