

PLEASE complete the Screening Appointment form below and return it to MCSES main office as soon as possible. Screening slots fill up quickly and the date & time of your choice may be full if you delay.

KINDERGARTEN SCREENING APPOINTMENT FORM

Child's Name: _____
First Name **Middle Name** **Last Name**

BIRTH DATE: Month _____ Day _____ Year _____ **SEX:** (✓) ___ Male ___ Female

AGE ON DAY OF SCREENING: _____ Years and _____ Months

IS YOUR CHILD IN A PRESCHOOL OR DAYCARE PROGRAM? (✓) ___ Yes ___ No

If yes, where? _____

MOTHER'S NAME: _____

FATHER'S NAME: _____

MAILING ADDRESS: _____

RESIDENTIAL ADDRESS: _____

HOME PHONE #: _____ **WORK OR DAYTIME #:** _____

DO YOU CURRENTLY HAVE ANY CHILDREN ATTENDING MCSES (✓) ___ YES ___ NO

If yes, your child(s) name(s)? _____

Their teacher(s) name(s)? _____

In addition to the Screening, you must also "Register" your child for Kindergarten. A registration packet, complete with instructions, was sent to you along with the screening appointment form. Please return the completed packet, including the supporting documentation, as soon as possible. The registration process must be completed in order for your child to attend school.

Supporting Documentation - please return each with your registration packet:

1. Registration packet
2. Proof of residency (e.g., utility bill, lease, notarized letter from landlord)
3. Parent's Photo ID
4. Proof of **current** Immunizations
5. Birth Certificate / Baptismal Certificate

Screening Dates:

Wednesday, April 24, 2019, from 12-6 p.m.
Thursday, April 25, 2019, from 10 a.m.-4 p.m.
Friday, May 24, 2019, from 9 a.m.-3 p.m.