



26 Computer Drive East • Albany • New York • 12205
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KINDERGARTEN/KINDERGARTEN READINESS REGISTRATION

Name of Student _____
Last Name First Name Middle Name (preferred name)

Birthdate ____/____/____ Male ____ Female ____

Home Address _____

Street

City State Zip

School District _____

Former PreSchool _____ Dates of Attendance _____

Family Data

Parent Name _____ Parent Name _____

Address _____

Home Telephone _____ Other Telephone _____

E-mail _____

Parent's Occupation _____ Employer _____

Parent's Occupation _____ Employer _____

ph 518 • 438 • 4800 fx 518 • 689 • 1091

for kids of all stripes

Parents are (check if applicable):

Married_____ Separated_____ Divorced_____ Other_____

With whom does the student live? _____

Name of person responsible for financing the child's education_____

Siblings:

Name_____ Birthdate_____/_____/_____

Current School_____

Name_____ Birthdate_____/_____/_____

Current School_____

Name_____ Birthdate_____/_____/_____

Current School_____

What are your child's strengths?

What are areas of difficulty?

Describe the educational environment you are seeking for your child.

Describe briefly any special services (such as tutoring, speech therapy, counseling, etc.) that your child receives, or psychological testing or counseling which your child has received.
