

Kindergarten Intersession Registration Form

Student Name (Please Print)

Grade/Teacher

Parent/Guardian Name

Date

OFFICE USE ONLY
Date Rec'd: _____

Home Phone

Work Phone

SELECT ONE:

- My child will attend BOTH sessions.
- My child will attend the A.M. session ONLY.
I will provide transportation home at 12:10 p.m. (Tuesday – Friday)
10:50 a.m. (Monday)
- My child will attend the P.M. session ONLY.
I will provide transportation to school at 12:10 p.m. (Tuesday – Friday)
10:50 a.m. (Monday)
- My child **WILL NOT** attend intersession classes. (Please check reason).
____ Going on Vacation ____ Family Time ____ Need a break
____ Other _____

Transportation: SACC Kiss and Ride Walker Bus Bus Number _____

Flex: Tuesday _____ Thursday _____

Kindergarten students who attend intersession will be assigned to one of the combination classes below.
Please select your 1st, 2nd, and 3rd choices.

- _____ Combination 1: ****Leaping Letters and **Leaping Numbers** (By Invitation Only)
- _____ Combination 2: **Rising Stars and Let's Explore Dinosaurs**
- _____ Combination 3: **The Ant, The Bug and The Bee and Rising Stars**
- _____ Combination 4: **Over in the Meadow and Go Buggy**
- _____ Combination 5: **Ocean Adventures and Over in the Meadow**
- _____ Combination 6: **Bubble Trouble and The Ant, The Bug and The Bee**

Parent/Guardian Signature: _____ Phone #: _____

Lunch Cost

	<u>Elementary</u>	<u>Reduced</u>
Breakfast will be served during the intersession.	Cost: \$1.50	\$.30
Lunch will be served on Tuesday through Friday.	Cost: \$2.65	\$.40
Please make the lunch check payable to Franconia Food Services for lunch and/or breakfast.		