

Kindergarten Readiness Program

2024-2025 School Year

New Student ____ Returning ____



Child's Name _____

Parents' Names _____

Address _____

City, State and Zip _____

Phone Number _____ Email Address: _____

Birth date _____ Race _____ Gender: M F

Allergies: _____

Has your child used their VPK Certificate? Y N If No, Why? _____

If Yes, please provide UCELC with your final STAR Early Literacy Test Report.

Previous School(s): _____

Reason for choosing KRP (include areas you would like to see your child grow in this year to prepare for Kindergarten): _____

Does your child currently have an IEP or accommodation plan? Y N

If Yes, please provide UCELC with a copy.

Church Affiliation:

____ University Carillon member _____ Attend University Carillon

____ Attend another church, _____

____ Do not attend church. Contact Me? Y N

University Carillon Early Learning Center admits students of any race, color, and national or ethnic origin.

Sibling in Program Yes No

(Office Use Only)

Class _____

Beginning Date _____

Date Registered _____

Reg. Fee \$50 \$100

Co-Curr. Fee

5-day \$425

Amount Paid _____ Date Paid _____

CC/Online/Cash/Check # _____

STAR Results Received Y N N/A

IEP Received Y N N/A

Notes: