ATTN: Parents of returning publicly funded pre-K children of Springfield School District

Please check with your child's program staff to ensure year. Also, please confirm with your publicly funded prhours of your child's program.	•
Parent/guardian signature	Date
I understand that by enrolling my child in public pre-k and recounted by the school district in which my child resides, and district. Teaching Strategies GOLD assessment, demograph kindergarten registration and transition will be shared with Agency of Education.	l will be considered a student of that school ic and other information pertinent to
Name of partner program (please print)	
Physical Address:	
Phone or email	
Parent/Guardian name (please print)	
Child's name (please print)	DOB
☐ I plan to continue publicly funded pre-k for my☐ I do not plan to continue publicly funded pre-k	
the 2018-'19 school year with the completion of this fo	
program for school year 2017-'18, and is not age eligible will be automatically registered in Springfield School D	e for kindergarten in the fall, your child District for 10 pre-k hours for 35 weeks in

This form should be turned into your child's teacher or program director to maintain enrollment in the Springfield School District Publicly Funded Pre-k Program. Thank you!