

**BELLA VISTA ELEMENTARY SCHOOL KINDERGARTEN REGISTRATION 2022-23**

**Dear Parent/Guardian:** It is time to register kindergarten students for the 2022-23 school year. Preregistration is required at this time of year so that we can better assess the faculty needs of our school. If you have a child that will be five years old on or before September 1, 2022, this child qualifies for next year's kindergarten program. If you know of a neighbor that qualifies for kindergarten, please share this information with them and have them call the office for further questions. 801-826-7825.

A birth certificate and complete immunization record are required before your child will be allowed to attend kindergarten (However, we encourage you may begin the registration process now even if these other records aren't available now). The following immunizations are required: 5 DPT (if 4<sup>th</sup> dose was given on or after 4<sup>th</sup> birthday, a 5<sup>th</sup> is not needed), 4 POLIO (if 3<sup>rd</sup> dose is given on/after the 4<sup>th</sup> birthday then the 4<sup>th</sup> dose is not needed), 2 MMR (1<sup>st</sup> one given after first birthday), 3 HEPATITIS B, 2 HEPATITIS A, and 2 VARICELLA (two are now required, first immunization must be given after first birthday or a history of chickenpox (varicella) is acceptable if the parent/guardian signs a verification statement with the health department.

**\*\*Please complete and email this form to the school office\*\***

colleen.winterton@canyonsdistrict.org

Student Name : \_\_\_\_\_

(as it appears on the birth certificate):

Birthdate \_\_\_\_\_ M or F \_\_\_\_\_ Other siblings at Bella Vista? Y/N

Address \_\_\_\_\_ Zip \_\_\_\_\_

Is this student: \_\_\_\_\_ Yes, Hispanic/Latino \_\_\_\_\_ No, not Hispanic/Latino

What is student's race: \_\_\_\_\_ American Indian or Alaskan Native, \_\_\_\_\_ Asian, \_\_\_\_\_ White \_\_\_\_\_, Black or African American, \_\_\_\_\_ Native Hawaiian or other Pacific Islander

What is the first language that the student learned to speak? \_\_\_\_\_

Language your student uses at home? \_\_\_\_\_

Language spoken most often in student's home? \_\_\_\_\_

Preferred language for home/school communication? \_\_\_\_\_

Mother's Name \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Same Address as student? Y/N (If no, please fill in address information)

Address \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Same Address as student? Y/N (If no, please fill in address information)

Address \_\_\_\_\_ Zip \_\_\_\_\_

For Office Use Only	Date Received: _____	Student ID: _____
	Birth Certificate: _____	Immunizations: _____