

Student Name:

Date of Birth: _____

Pre-Kindergarten Locations

Please indicate your preference for Pre-Kindergarten below:

- Southside Early Learning Center select AM or PM (please select below)
- Sparta Montessori School AM
- Cataract Elementary AM

Southside Early Learning Center Pre-Kindergarten Sessions

I am requesting that my child attend:

- Morning Session: 7:40 - 10:25
- Afternoon Session: 11:40 - 2:40 (Wednesday District Bell

Schedule release @ 1:40)

Head Start Sparta - 608-269-8297 - www.headstartcouleeregion.com

My student will be attending Head Start: Yes No

Family Home Language

English Spanish Other _____

Parent/Guardian Signature

Date