



Abbotsford Christian School

KINDERGARTEN SCHEDULING

Parent's Name: _____

Child's Name: _____ Phone Number: _____

Does your child have a friend he/she would like to be with? Yes No

If yes, please provide name of friend: _____

Please check one of the following:

Choice #1

I have no preference regarding the class placement of my child.

Choice #2

Tuesday, Thursday and the occasional Monday (8:30 - 2:45 p.m.)

I request my child to be placed in this class.

Reasons: _____

Choice #3

Wednesday, Friday and the occasional Monday (8:30 - 2:45 p.m.)

I request my child to be placed in this class.

Reasons: _____

Child's Name _____ is a(n)

only child

oldest child

Birthdate: ____/____/____

middle child

Day/Mo./Yr.

youngest child