

Date: _____



**ICES Kindergarten Registration
2023/2024**

For New Families: As an alternative program of Lethbridge School Division, *registration is held, pending an ICS Society Board interview and approval for membership.* Please check the box below.

_____ I give permission for my contact info to be shared with the ICS Society Executive Director

Please rank your program choice with 1 being your most preferred and 2 being your least preferred. Final program offerings will be determined at a later date and communicated to families.

_____ Full Days Monday/Wednesday & Scheduled Fridays

_____ Full Days Tuesday/Thursday & Scheduled Fridays

Contact Information

Your child's teacher will use this information to contact you prior to June 2023.

Please print all information clearly

Child's first and last name: _____

Parent/Guardian #1 (first and last name): _____

(email): _____

(phone number): _____

Parent/Guardian #2 (first and last name): _____

(email): _____

(phone number): _____

***Please attach a copy of your child's birth certificate**