

Name of Child: _____

My child will be attending the following school (please check):

_____ St. Domenic's Catholic School Full Day

_____ St. Domenic's Catholic School Kindergarten am program

_____ St. Domenic's Catholic School Kindergarten pm program

_____ Byngmount Beach Public School Full Day

_____ Byngmount Beach Public School Kindergarten am program

_____ Byngmount Beach Public School Kindergarten pm program

_____ Minneola Public School Full Day

_____ Other: _____

My child's first day of school will be: _____

School starts at: _____

School ends at: _____

Parent Signature: _____

Date: _____