

# Slippery Rock Area School District

Moraine Elementary

350 Main Street

Prospect, PA 16052

724-865-2010

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To: Parents and/or Guardians  
From: Dr. Kristie Shulsky, Principal  
Date: January 22, 2024  
Subject: Kindergarten Registration

Moraine Elementary is planning Kindergarten registration for the 2024-2025 school year on **Tuesday, March 12, 2024**. Please contact the main office at (724) 865-2010 Ext.5002.

If you have a child who will be five (5) years of age on or before the first day of August, please complete the form below and return it to school on or before February 12, 2024.

A child may also be admitted to Kindergarten if he/she has attained the age of five (5) years between August 2<sup>nd</sup> and the first day of school and meets the readiness criteria defined by the district. The criteria will include the administration of a school readiness assessment, parent completion of a school readiness checklist and questionnaire, a letter of recommendation from a preschool, and an interview with the principal.

Registration forms are available on Moraine's website, [www.slipperyrock.k12.pa.us](http://www.slipperyrock.k12.pa.us), or if you do not have access to the internet, packets will be available at the school office during regular business hours (8:00am to 4:00pm). **Please call the office to schedule a time for your child to attend registration and readiness screening for Moraine Elementary.**

**The following are crucial to register your child:**

- Completed registration form
- Completed Readiness checklist (yellow)
- Child's birth certificate
- Immunization record from your family physician
- Proof of residency (Current utility bill, a lease, driver's license)

Additionally, if you know of a child in your neighborhood who will be eligible to enter kindergarten and the parents did not receive this form, please ask them to call the Moraine Elementary School Office at (724) 865-2010 ext. 5002.

Please return the informational form to the school office. Thank you for your cooperation.

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Child's Name \_\_\_\_\_  
First Middle Name Last Name

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ Township/Boro. \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Child resides with \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone/cell \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone/cell \_\_\_\_\_