

PARENT NOTIFICATION FORM

To: Early Childhood Office
Anne Arundel County Public Schools
2644 Riva Road
Annapolis, MD 21401

RE: **Alternative Kindergarten Registration**

Name of Child _____

Address _____

Telephone Number _____

Date of Birth _____

Child will be attending kindergarten at the location listed below.

Name of Center _____

Address _____

Telephone Number _____

License Number _____

Expiration Date _____

Parent Signature

Date