

BELMONT PUBLIC SCHOOLS
Belmont, Massachusetts

Please let us know your intentions regarding full/half day Kindergarten. Thank you.

My child will attend **full** day (fee based) Kindergarten _____

My child will attend **half** day (cost free) Kindergarten _____

Child's Name: _____

Parent(s) Name: _____

Address: _____ Phone: _____

Parent(s) Signature

Date