

# Bethlehem Elementary School Kindergarten Registration Form

**Child's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Home Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent's Name(s):** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**PLEASE EMAIL TO [NKERSTETTER@BETHLEHEM.K12.NH.US](mailto:NKERSTETTER@BETHLEHEM.K12.NH.US) OR  
FAX TO 603-869-2482**