

WEST TOWSON ELEMENTARY SCHOOL

6914 N. Charles Street 8902 Towson, MD 21204



Kindergarten Registration for the 2024-2025 School Year

If you have a child (or know of a neighborhood child) who should be registering for kindergarten for the 2024-2025 school year, please complete and return this form to the school office as soon as possible.

To be eligible to enter kindergarten for the 2024-2025 school year, the child must have a date of birth between 9/2/2018 and 09/01/2019. The child must also reside within the West Towson Elementary School boundaries. Once your form has been received and processed, a registration packet will be mailed to you. Kindergarten registration will take place on Thursday, April 18, 2024.

KINDERGARTEN REGISTRATION

Child's Name _____ Date of Birth _____

Parent/Guardian's Name _____ Home Phone _____ Cell Phone _____ Work Phone _____

Parent/Guardian's Name _____ Home Phone _____ Cell Phone _____ Work Phone _____

Address _____

County/State/Zip Code _____

Please return this form to WTES via US mail, or scan and email to asidou@bcps.org

West Towson Office Use Only

Registration packet mailed: (date) _____

Appointment date and time _____

Notes: _____

WEST TOWSON ELEMENTARY SCHOOL

6914 N. Charles Street 8902 Towson, MD 21204



Pre- Kindergarten Screening for the 2024-2025 School Year

If you would like to have your child screened, to see if they are eligible to attend West Towson's pre-kindergarten program for the 2024-2025 school year, please complete and return this form to the school office as soon as possible.

To be eligible to be screened for pre-kindergarten for the 2024-2025 school year, the child must have a date of birth between 9/2/2019 and 09/01/2020. The child must also reside within the West Towson Elementary School boundaries. Once your form has been received and processed, a screening packet will be mailed to you in mid-March. Prekindergarten registration will take place on April 16, 2024.

PRE-KINDERGARTEN SCREENING

Child's Name _____ Date of Birth _____

Parent/Guardian Home Phone Cell Phone Work Phone

Parent/Guardian Home Phone Cell Phone Work Phone

Address

County/State/Zip Code

Please return this form to WTES via US mail, or scan and email to asidou@bcps.org

West Towson Office Use Only

Registration packet mailed: (date) _____

Appointment date and time _____

Notes: