

A Place To Grow...



Learning, Caring and Kindness at LCK

3K Enrollment Form

Please indicate your **first and second class choices** and also your reason for requesting those days **or** if you are flexible, please check yes or no. We will notify you of your child's class schedule as soon as we can and will mail more complete registration materials at that time. Knowing your flexibility with regard to class schedules will allow our teachers to even out the classes if necessary. We will honor your first choice whenever possible.

STEP 1:	I wish to enroll my child in the following program: (Please circle and indicate "1" and "2" for your choices)
Monday/Wednesday 8:30-11:15 am _____	Monday/Wednesday/Friday 8:30-11:15am _____
Tuesday/Thursday 8:30-11:15am _____	Tuesday/Thursday/Friday 8:30-11:15am _____
Before/After Care Needed: Yes _____	No _____
Days Needed: Mon _____	Tues _____ Wed _____ Thurs _____ Friday _____

STEP 2: I would like to have my first choice because:

STEP 3: I am flexible with regard to class days as I have indicated below. (Circle one)	
I am flexible with either a Monday/Wednesday <u>OR</u>	I am flexible with either a Mon/Wed/Friday <u>OR</u>
A Tuesday/Thursday class in the 2 day program	a Tues/Thurs/Friday class in the 3 day program

**Please note the LCK has the right to cancel any class due to lack of enrollment. If this happens, your registration fee will be returned or become valid toward another available class time.*

Child's name _____ Date of birth _____

Address _____

Phone# _____ Email _____

School District _____

I have enclosed my \$75.00 non-refundable registration fee (checks payable to LCK) to reserve this opening for my child. Pleasd mail form and check to LCK P.O. Box 191 North Lake, WI 53064.

Guardian Name _____ Guardian name _____

Guardian signature _____ Guardian signature _____

Date _____ Date _____