



4K 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 before the start of the school year. 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 - Friday 8:15 – 11:00 a.m. _____ Monday – Friday 11:45 – 2:30 p.m _____

Before/After Care Needed: Yes _____ No _____

Days needed: Mon _____ Tues _____ Wed _____ Thurs _____ Friday _____

School District _____

Busing needed (if in district): 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)

Yes _____ No _____

Please note that 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 _____

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

Guardian name _____ Guardian name _____

Guardian signature _____ Guardian signature _____

Date _____ Date _____