



### 4K Enrollment Form

Please indicate your first choice and if you are flexible. Please understand that you are not guaranteed your first choice. We will notify you of your child's class schedule via email.

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_ Email \_\_\_\_\_

School District \_\_\_\_\_

**I wish to enroll my child in the following program:**

AM Class Monday-Friday 8:15am-11:00am \_\_\_\_\_ PM Class Monday-Friday 11:45am-2:25pm \_\_\_\_\_

**I am flexible with regard to AM or PM:** Yes \_\_\_\_\_

\*All day care is available for AM and PM students

If applicable, days needed for **before care**: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

If applicable, days needed for **after care**: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

Bussing needed (**if in district**): Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

**I have enclosed my \$75.00 non-refundable registration fee (check payable to LCK) to reserve this opening for my child. One registration fee per family. Please mail or return the form and check to LCK or LCK P.O. Box 191 North Lake, WI 53064.**

*\*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.*

Guardian Name \_\_\_\_\_ Guardian Name \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

Please let us know how you heard about LCK.

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