



## 4K Enrollment Form

Please indicate your first-choice schedule and whether you are flexible. While we will do our best to accommodate preferences, class placement is not guaranteed. You will be notified of your child's class schedule via email.

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Home School District:** \_\_\_\_\_

### Class Selection:

I wish to enroll my child in the following class (please check one):

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

**Are you flexible with your schedule?** (Care is available from 7:25am-6:00pm for AM and PM students)

Yes  No

### Additional Care Needs:

Please indicate the days needed for before care:

Mon  Tues  Wed  Thurs  Fri

Please indicate the days needed for after care:

Mon  Tues  Wed  Thurs  Fri

Please indicate if your child will be riding the bus (in district students):

Yes  No

### Registration Fee:

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

*Note: LCK reserves the right to cancel any class due to insufficient enrollment. In this case, your registration fee will either be refunded or applied to another available class time.*

**Guardian Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**How did you hear about LCK?** \_\_\_\_\_