



4K Enrollment Form

Please indicate your **first and second class choices** and 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.

Child's name _____ Date of birth _____

Address _____

Phone # _____ Email _____

School District _____

**STEP 1: I wish to enroll my child in the following program:
(please indicate "1" and "2" for your choices)**

Monday-Friday 8:15am–11:00am _____ Monday–Friday 11:45am–2:30pm _____

If applicable, days needed for **before care**: Mon _____ Tues _____ Wed _____ Thurs _____ Friday _____

If applicable, days needed for **after care**: Mon _____ Tues _____ Wed _____ Thurs _____ Friday _____

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 AM or PM: Yes _____ No _____

PLEASE COMPLETE BOTH SIDES

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. If you are referred by a family and you're not in the NLS district, please specify the name so they can receive a referral bonus:)
