



4K Enrollment Form

Please indicate your **first and second class choices** and also your reason for requesting those times **or** if you are flexible, please check yes or no. We will notify you of your child's class schedule in the spring. 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 "1st choice" and "2nd choice")

Monday-Friday 8:30-11:15am _____ Monday-Friday 12:00-2:30pm _____

*(Note: Lunch from 11:15 - Noon will also be an option in either program.
Sign up for lunch happens at the beginning of the school year.)*

STEP 2:

I would like to have my first choice because:

STEP 3:

I am flexible with regard to class times as I have indicated below (check 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 _____

Your School District _____

Phone # _____ E-mail _____

I have enclosed my \$75.00 non-refundable registration fee per family to reserve this opening for my child.

Guardian name _____ Guardian name _____

Guardian signature _____ Guardian signature _____

Date _____ Date _____