



OFFICE USE ONLY

Received by: _____ Date/Time Rec'd: _____

Verification of Birthday: _____ Verification of Residence: _____

4-Year Old Kindergarten Registration Form

Directions:

- ★ Complete one form for each child that will be four years of age **on or before September 1st.**
- ★ Please return all registration forms to Forrest Street Early Learning Center.
- ★ Please bring your child's birth certificate when registering your child for 4K.

Child's Name: _____ Birth Date: _____

Address: _____ Gender: Male Female

Mother's Name: _____ Phone Number: _____

Father's Name: _____ Phone Number: _____

Parent/Guardian Email Address: _____

1.) Does your child currently attend any of the following sites? (Yes/No)

- _____ Ho-Chunk Gra Head Start
- _____ Sand Pillow Head Start
- _____ Western Dairyland Head Start

2.) Please rank the following 4K sites on a scale of 1-5. (1 = most preferred, 5 = least preferred)

- _____ Ho-Chunk Gra Head Start (M/W 9:00-2:41)
- _____ Sand Pillow Head Start (T/Th 9:00-2:41)
- _____ Western Dairyland Head Start (M/T/W/Th) *4K is integrated with head start programming*
- _____ Forrest Street Early Learning Center (M/T/W/Th) **AM**
- _____ Forrest Street Early Learning Center (M/T/W/Th) **PM**

3.) Although we do our best to meet your placement request they are not guaranteed. Please tell us which is most important to you regarding your child's placement (**Check one**).

_____ Location _____ Time of Day _____ Teacher (*Please complete Homeroom Request Form*)

4.) Are there any other special considerations we should consider when placing your child into their 4K classroom (e.g. separating twin siblings, cousins or friends, placing students with a specific student, etc.)? Please elaborate as to why this special factor is desired or necessary.



Please note that we will do our best to honor your requests, but know that sometimes it is not possible as we also work to balance classes.

