

School District
Of
Black River Falls

<i>Office Use Only</i>
Received: _____
Verification of Residence: _____
Verification of Birthday: _____

4 Year Old Kindergarten Registration Form

* Please return all registration forms to Forrest Street Early Learning Center. Please bring your child's birth certificate when registering your child for 4K.

*Complete one form for each child that will be four years of age on or before **September 1st**.

Child's Name _____ **Birth Date** _____

Address _____ **Gender** Male Female

Mother's Name _____ **Phone #** _____

Father's Name _____ **Phone #** _____

Parent/Guardian Email Address _____ **Today's Date:** _____

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

Sandpillow Head Start _____
Ho Chunk Gra Head Start _____
Western Dairyland Head Start _____

1) If your child currently attends one of the sites listed above, is it your intention for them to continue there for child care or Head Start during the upcoming school year? (Yes/No) _____

2) Please rank the following 4K sites on a scale of 1-4. (1=most preferred 4=least preferred) Please rank all sites even though your child may not currently attend.

____ Sandpillow Head Start (T/Th 9:00am-2:41pm)
____ Forrest Street Early Learning Center(M, T, W, Th 7:25am-10:21am or 11:40pm-2:46pm)
____ Western Dairyland Head Start (M, T, W, Th) 4K is integrated with head start programing
____ Ho Chunk Nation Head Start (M/W 9:00am-2:41pm)

3) Do you have a preference for time of day if your child is placed at Forrest Street?

_____AM _____ PM _____No Preference

4) 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)

_____Time of Day _____ Location of Placement