

Date Received _____

**School District of Black River Falls
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 # _____
Father's Name _____	Phone # _____
Parent/Guardian Email Address _____	

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

- _____ Sand Pillow 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)

If yes, your child will attend 4K at that location. If transferred mid-year your child will be transferred to that site for 4K.

2) Please check one of the following sites where you would like your child to attend.

- _____ Sand Pillow Head Start (T/Th 9:00am-2:41pm)
- _____ Ho-Chunk Gra Head Start (M/W 9:00am-2:41pm)
- _____ Forrest Street Early Learning Center (M,T,W,Th) **AM** 7:25-10:21
- _____ Forrest Street Early Learning Center (M,T,W,Th) **PM** 11:40-2:41
- _____ Western Dairyland Head Start (M,T,W,Th) 4K is integrated with head start programming

3) Although we do our best to meet your placement request, it is not guaranteed. Please tell us which is most important to you regarding your child's placement.

(Check One) _____ Time of Day _____ Location of Placement