



4K Information Sheet

Child's Name: _____ DOB: _____

Name you would like your child to be called at school: _____

Address: _____

Phone #: _____ Email: _____

Elementary school your child will attend: _____

This will be my child's first preschool experience: YES NO

My child's feelings about school are _____

I feel my child learns best _____

I would like the teachers to know this about my child: _____

Allergies or Health Concerns: _____

Please continue on back for Friday options as well as Before and After school care needs:

FABULOUS FRIDAY OPTIONS:

_____ I would like my child to be enrolled in the Fabulous Friday Class.

BEFORE AND AFTER SCHOOL CARE NEEDS:

_____ I will need to use the Before School Care Program which is available at 7:45 a.m.
Days of week and time needed (please circle and write in drop off time):

Monday Tuesday Wednesday Thursday Friday

_____ I will need to use the After School Care Program which is available from 12:00 – 6:00 p.m. *Days of week and time needed* (please circle and write in pick up time):

Monday Tuesday Wednesday Thursday Friday

_____ I am likely to use before and after school care from time to time.

_____ I am not likely to use before or after school care.

GENERAL:

_____ Yes, you may publish my child and families’ names, address, phone number, and email address on a class list that will be shared with the other families in my child’s class at the start of the school year.

_____ Yes, you may use my child’s photo (no names) on the website or other promotional materials.

I understand that 4K students participate in two 15 – 20 minute Faith and Value building sessions per week. This time will include value lessons, Bible stories, Christian songs and projects. One session will be with the classroom teacher as well as our Music & Faith based teacher, and one session will be with classroom teachers and Pastor Behnke. These sessions are provided during 4K contact hours above the contact hours required by the school district of Kettle Moraine. If I do not want my child to be a part of these Faith and Value building sessions I will notify the Preschool Director.

_____ **Parent Signature**

_____ **Date**

Please Return completed form by **May 15th, 2014** to:
Bethlehem Preschool
470 N. Oak Crest Drive
Wales, WI 53183