



To know Christ and to make his love known in our homes, communities, nation and world.

110 Division Street, Thiensville, WI 53092 262.242.3870 ChristAloneWELS.org

2020-2021

3K & 4K Registration Form

Child must be three (3) years old or four (4) years old by September 1, 2020

Child's Name _____
(first) (middle) (last) (nickname)

Application Date _____ Date of Birth _____ Gender _____

Mother's Full Name _____ Father's Full Name _____

Family Status: Married Separated Divorced Single Widowed

Child lives with _____

Mother's Home Address _____
(street) (city) (state) (zip code)

Home Phone () _____ Cell Phone () _____ Email _____

Place of Employment _____ Occupation _____

Work Phone () _____ Extension # _____

Father's Home Address _____
(street) (city) (state) (zip code)

Home Phone () _____ Cell Phone () _____ Email _____

Place of Employment _____ Occupation _____

Work Phone () _____ Extension # _____

Home Church? _____

Has your child been baptized? ___ Yes ___ No Where? _____ Date _____

Does your child have any special needs, health problems or allergies? _____

Does your child have any prior experience with preschool or child care? _____

Helpful information about your child: _____

Persons to be contacted in case of illness, accident or emergency, if for some reason the parents or guardians cannot be reached, and authorized to remove the child from the facility:

_____ (name) (relationship) (phone)

_____ (name) (relationship) (phone)

Persons permitted to pick up child:

Mother ___ Yes ___ No Legal custody ___ Yes ___ No

Father ___ Yes ___ No Legal custody ___ Yes ___ No

Other _____ Relationship _____

Other _____ Relationship _____

Circle your interest: **3K** or **4K**

Circle one: **3 Days/Week** (\$181/Month) **4 Days/Week** (\$229/Month) **5 Days/Week** (\$251/Month)

Days your child will attend: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

My child would like white milk ___ Yes ___ No

Are you interested in afterschool care for your child? ___ Yes ___ No (If yes, please complete the After School Center (ASC) Registration Form.)

I have read and understand the 3K & 4K Policies and Procedures for Christ Alone Lutheran School and agree to abide by the policies and procedures as stated.

_____ (signature of parent or legal guardian) (date)

OFFICE USE ONLY

Non-Refundable \$50.00 Registration Fee ___ + \$10.00 Milk Fee (if applicable) ___

Date Paid _____ Check# _____ Received By _____