JOHN MICHAEL KOHLER ARTS CENTER PRESCHOOL FOR 3-YEAR-OLDS INTEREST SURVEY

Child's First and Last Name:		Date of Birth:			
Parents/	Parent First and Last Name:				
Guardians	Parent Address:	City:	State:	Zip:	
	Parent Phone Numbers: Cell:	Work:			
	Parent First and Last Name:				
	Parent Address:	City:	State:	Zip:	
		Work:			
Circle the	class you are interested in for yo	ur child.			
RED CLASS: 3-year-olds 2 days a week Tuesdays and Thursdays 9:00-11:30 a.m. I would like registration information for my of		2 days a week Wednesdays and Fridays 9:00 a.m11:30 a.m. child for the 20/20 school	year.		
(Your child	d <u>must</u> be 3 years of age by Septe	ember 1 to enroll.)			
Are you	u a current member of the Arts Cen	ter? Yes No			
How di	d you hear about our Preschool?				
Have you ever had another child enrolled in the John Michael Kohler Arts Center Preschool? Yes No					
Are you also interested in the 4K classes in partnership with the Sheboygan Area School District? Yes No Maybe					
Do you	attend programming and/or events	s at the Arts Center? Please list.			
list for the	-	hild in our Preschool, but places the let us know if any of this informatio	_	•	
Signature:		Da	Date:		
the registra	•	anuary 1 of the year of your child's integristration. (For example: Mail, email, c 25–2026 school year.)	-		
		York Avenue Sheboygan, WI 530	920-458-6	144	
	ts Center's Use Only st Form Received:				