

**JOHN MICHAEL KOHLER ARTS CENTER
PRESCHOOL INTEREST SURVEY**

Directions: Please print

Child's First and Last Name: _____ Date of Birth: _____ Gender: **M** **F**

Parents: Father's First and Last Name: _____

Father's Address: _____ City: _____ State: _____ Zip: _____

Father's Phone Numbers: Home: _____ Cell: _____ Work: _____

Email address: _____

Mother's First and Last Name: _____

Mother's Address: _____ City: _____ State: _____ Zip: _____

Mother's Phone Numbers: Home: _____ Cell: _____ Work: _____

Email address: _____

Circle the program you are interested in registering your child.

(IMPORTANT: Your child must be 3 or 4 years of age by September 1 of the school year you would like him/her enrolled.)

RED CLASS: 3-year-olds
2 days a week
Tuesdays and Thursdays
9:00-11:15 a.m.

BLUE CLASS: 3-year-olds
3 days a week
Mondays, Wednesdays and Fridays
9:00-11:15 a.m.

YELLOW CLASS: 4-year-olds
4 days a week
Mondays through Thursdays
9:00 a.m.-12:00 p.m.

I would like registration information for my child for the 20____/20____ school year.

Are you a current member of the Arts Center? Yes No

Tell us about your child... (Use the back of this sheet if you need more space.)

Please list any experiences your child has had interacting with peers (i.e., child care, classes, playgroups).

Is there anything that would be helpful for us to know about your child?

Other information:

Have you ever had another child enrolled in the John Michael Kohler Arts Center Preschool Program?

How did you hear about our program?

Do you plan to enroll your child in any other preschool in Sheboygan County? **Yes No**

This interest survey does not enroll your child in our program but places him/her on our registration mailing list for the appropriate school year. Please let us know if any of this information changes to be sure you receive all preschool notifications and information for enrollment.

Signature: _____ **Date:** _____

*This form must arrive at the Arts Center by December 1 of the year prior to your child's intended school year enrollment.
(For example: Mail or hand in this form by December 1, 2009, if you want to enroll your child for the 2010-2011 school year.)

John Michael Kohler Arts Center * 608 New York Avenue * Sheboygan, WI 53081 * 920-458-6144

For the Arts Center's Use Only

Date Interest Form Received: _____ Date Enrollment Notification Mailed: _____