

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

Please print

Child's First and Last Name: _____ Date of Birth: _____

Parents/ Guardians Parent First and Last Name: _____

Parent Address: _____ City: _____ State: _____ Zip: _____

Parent Phone Numbers: Home: _____ Cell: _____ Work: _____

Email address: _____

Parent First and Last Name: _____

Parent Address: _____ City: _____ State: _____ Zip: _____

Parent Phone Numbers: Home: _____ Cell: _____ Work: _____

Email address: _____

Circle the class you are interested in registering your child in.

BLUE CLASS: 3-year-olds
2 days a week
Mondays and Wednesdays
9:00-11:30 a.m.

RED CLASS: 3-year-olds
2 days a week
Tuesdays and Thursdays
9:00 a.m.-11:30 a.m.

I would like registration information for my child for the 20____/20____ school year.
(Your child must be 3 years of age by September 1 of the school year you would like him/her enrolled.)

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

How did 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

Do you attend programming and/or events at the Arts Center? Please list.

This interest survey does not enroll your child in our Preschool, 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 Preschool registration information in the future.

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 to be included in the registration mailing and receive priority registration.
(For example: **Mail, email, or hand in this form by December 1, 2020**, if you want to enroll your child for the 2020-2021 school year.)

For the Arts Center's Use Only

Date Interest Form Received: _____