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

Please print Child's First and Last Name:			Date of Bi	rth:	<u> </u>	
Parents/	Parent First and Last Name:					
Guardians	Parent Address:		City:	State:	Zip:	
	Parent Phone Numbers: Ho	ome:	Cell:	Work:		
	Email address:					
Р	arent First and Last Name:					
	Parent Address:		City:	State:	Zip:	
	Parent Phone Numbers: Ho	ome:	Cell:	Work:		
	Email address:					
Circle the cl	ass you are interested in regis	stering your child.				
	UE CLASS: 3-year-olds	,	ar-olds			
2 days a week 2 days a week						
Mondays and Wednesdays Tuesdays and Thur 9:00-11:30 a.m. 9:00 a.m11:30 a.m.			•			
(Your child	registration information for r must be 3 years of age by Sep u a current member of the Arts	tember 1 of the school				
·	d you hear about our Preschoo					
	ou ever had another child enro		ael Kohler Arts Center	Preschool? Yes No		
Are you	u also interested in the 4K class	ses in partnership witl	n the Sheboygan Area	School District? Yes	No Maybe	
Do you attend programming and/or events at the Arts Center? Please list.						
	t survey does not enroll your c s know if any of this informat				or the appropriate school year. ion.	
Signature:				Date:		
registration		gistration. (For examp			nrollment to be included in the er 1, 2023, if you want to enroll	
John Micha	el Kohler Arts Center 608 Ne	ew York Avenue She	boygan, WI 53081	920-458-6144		
	s Center's Use Only st Form Received:					