

ST JOHN LUTHERAN SCHOOL

164475 Granite Road

WAUSAU, WI 54403

715-842-5212

www.stjohnofwausau.org

3K-4K REGISTRATION FORM**2026-2027****3K 4K**

PLEASE CIRCLE GRADE

*"Igniting hearts and minds
through living, loving, and
learning in Christ"***FAMILY INFORMATION**

Child's Name

M/F

Birth Date

Address

City

Zip Code

Email address

Public School District (you reside in)

Father's Name

Phone

Mother's Name

Phone

We are currently members of this Church Family.

3K-4K Registration Directions:

- ✓ Select days who would like your child to attend school
- ✓ Use the back to explain any special scheduling circumstance you need for your child.
- ✓ An original copy of the child's Birth Certificate must be presented for verification upon returning registration form.
 - A copy of current Immunization Record from a Physician will be needed by August 15.

Mark Days Requested to attend HALF DAY classes: (AM classes from 7:40-10:40 and PM classes from 11:40-2:40)

Mon. AM	Tues. AM	Wed. AM	Thurs. AM	Fri. AM
Mon. PM	Tues. PM	Wed. PM	Thurs. PM	Fri. PM

Mark Days Requested to attend FULL DAY classes: (A classes from 8:00-2:45-students need to bring a cold lunch)

Mon.	Tues.	Wed.	Thurs.	Fri.
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Wisconsin Parental Choice Program (See separate sheet for enrollment periods and application instructions)_____ We **WILL BE applying** for the Wisconsin Parent Choice 4K Program (Not available for 3K students)_____
PARENT SIGNATURE_____
DATE**NOTE: A letter will be sent to confirm official enrollment in the 3K/4K classroom after April 15th.**

* Enrollment is based on allotted DPI CHOICE seats filled, then in order applications are received.

Office Use: Birth Certificate Verification completed by _____ Date _____