

2018-19 PRESCHOOL CLASSES

The preschool program's primary purpose is to provide the child with an opportunity to be exposed to some basic preschool skills. The skills include: coloring, use of scissors and glue, listening and following directions, and social interaction with other children. We also have story time, which is an important part of our daily activities. Children will be introduced to a variety of children's literature to enhance reading and readiness skills. We want to emphasize that this is neither a certified preschool program, nor a substitute for day care.

Children must be three by the first day of class and out of diapers.

Classes are taught by **CYNDI SCHAEFER** and are held at the **REDEEMER EVANGELICAL LUTHERAN CHURCH** 6404 Old Costa Lane, Schofield.

ALL CLASSES MEET FROM 9:00-11:30AM.

QUARTER	SESSION	COURSE #	AGES	DAYS	FEE	START/END DATES
1	Sept.-Oct.	1101	4-5	T-TH	\$168.00	September 11-October 25
		1102	3-4	W	\$84.00	September 12-October 24
2	Nov.-Dec.	1103	4-5	T-TH	\$144.00	October 30-Dec. 13 (No class on Nov. 6 and 22)
		1104	3-4	W	\$72.00	October 31-December 12 (No class on Nov. 21)
3	Jan.-Mar.	1201	4-5	T-TH	\$264.00	January 8-March 21
		1202	3-4	W	\$132.00	Jan. 9-March 20
4	Apr.-May	1203	4-5	T-TH	\$168.00	April 2-May 16
		1204	3-4	W	\$84.00	April 3-May 15

THERE IS LIMITED ENROLLMENT FOR EACH COURSE.

If D.C. Everest Schools are cancelled due to bad weather or if the church needs the use of the hall, preschool will not meet. Classes are not made up, nor are refunds given.

The D.C. Everest School District does not discriminate on the basis of race, color, religion, national origin, ancestry, creed, pregnancy, marital status, parental status, sexual orientation, sex, (including transgender status, change of sex or gender identity), or physical, mental, emotional, or learning disability ("Protected Classes") in any of its student programs and activities.

----- Registration Form - Detach Here -----

2018-19 Preschool Classes

Child's Name: _____ Sex: Male Female D.O.B.: _____ Age: _____

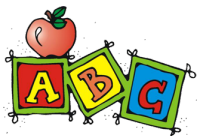
Street Address: _____ City: _____ Zip: _____

Parent's Names: _____ Email Address: _____

Mom's Cell Phone #: _____ Dad's Cell #: _____

Waiver of Liability/Proof of Insurance: I hereby give my permission for my child to participate in the D.C. Everest Community Services Preschool Program with the knowledge that they are not covered by school insurance. I further agree to provide health and accident insurance under a family plan in the event of any injury while my child is participating in this program. We do waive all claims and liabilities we now or may in the future hold against the Community Services Office, supervisors, instructors, and/or other employees.

Parental Signature: _____ Date: _____



Ages 3-4	
___ 1102	\$84.00
___ 1104	\$72.00
___ 1202	\$132.00
___ 1204	\$84.00
Total Due	\$ _____

Ages 4-5	
___ 1101	\$168.00
___ 1103	\$144.00
___ 1201	\$264.00
___ 1203	\$168.00
Total Due	\$ _____

Register in office with payment made out to: **D. C. Everest Community Services**, 6400 Alderson Street, Weston, WI 54476.
We take Cash, Check, Visa or Mastercard as methods of payment.