

I understand that filling out this form is **not a guarantee** that my child will be placed in the class I have requested. I also understand that for my request to be considered, this form **must be returned to Sue Williams by March 1st**.

Parent/Guardian Name: _____ Phone: _____

Child(ren): _____

I am requesting that my child(ren) be placed in the following 4K section:
(circle only one) **AM*** (8:05 – 10:55) **PM** (12:15-3:16)

The reason for my request is:

If using the JK Wrap Around Program at Richmond School, **registration forms and payment must be on file by April 30th for consideration in the AM program. Once class sections are determined, changes in sections can only be made by Richmond Administration.*

Days of week needing Wrap Around: M T W H F

