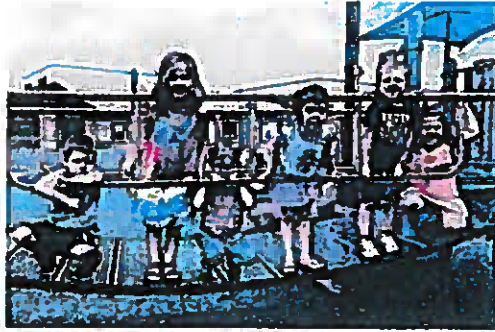


STAY + PLAY

DANIELLE BLEUEL AND CASEY SIMERSON



Available Monday through Friday on school days
Schedule your child for 1-5 days per week.
No drop-ins.

Our Daily Routine....

We pick up the children in Mrs Moore's or Mrs Cookson's classroom.

We then go over lunch choices. The children are able to purchase hot lunch or bring their own cold lunch. We eat in the classroom and lunchroom (approximately two days a week).

We stress independence in trying to open items themselves, staying in their seats and manners. We encourage great eating habits of eating fruits and vegetables, especially before our treats.

We have visits to the library for daily story and rest time books. We will set up our rest area (please bring your own blanket, pillow and stuffed animal). Rest is 45 minutes-1 hour.

After rest time we practice writing our own name, do a craft, possibly go for a nature walk or go sledding. We will also have free play time, a snack and recess.

We do puzzles, paint, color and play memory games, we play Freeze Dance/Simon Says (imaginative and cooperative play). We work on colors, numbers, shapes and letter recognition. We learn how to use a scissors, button buttons and zipper zippers (fine motor skills). We practice our days of the week, months of the year, sharing and taking turns (social skills). We enjoy a gym class or recess (gross motor skills).

Time goes by quickly and then it is time to go home. Children are either picked up, go to Y after school care or take the bus home. If you have any questions, please feel free to contact either Danielle Bleuel at bleueid@mylakecountryschool.org or (262)367-3606 X155 or Casey Simerson at pollockc@mylakecountryschool.org or (262)367-3606 X 292.

ALL students must be pre-registered for Stay and Play. Slots fill quickly-8 children per class

4K STAY & PLAY
11:10 – 3:10 p.m.
REGISTRATION FORM
(One form for each child)

CHILD'S NAME: _____
(Last, First, Middle)

CHILD'S BIRTHDATE: _____

CHILD'S GENDER: () Male () Female

CHILD RESIDES WITH: () Mother () Father () Guardian

INDICATE WHICH DAYS YOU WISH YOUR CHILD TO ATTEND: M T W TH F

Please leave a message for Mrs. Bleuel at 262-367-3606 ext. 154, regarding any schedule changes.

ANTICIPATED STARTING DATE: _____

FEE: \$18.00/DAY, billed the last day of each month.

(Parent/Guardian)
(Address)
(City/State/Zip)
(Home Phone)
(Work Phone)
(Employer)
(Cell Phone)
(E-Mail)

(Parent/Guardian)
(Address)
(City/State/Zip)
(Home Phone)
(Work Phone)
(Employer)
(Cell Phone)
(E-Mail)

AUTHORIZED PICK-UP/EMERGENCY CONTACT (OTHER THAN PARENT OR GUARDIAN, MUST BE 18 OR OLDER)

(Name) (Day Phone) (Address) (Relationship)

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