

WELCOME

4K

Parents!

Your Child's Teachers

- Mrs. Beth Fox
– Director & 4K Teacher
- Mrs. Kelly Crandall
– 4K Asst. Teacher
- Mrs. Mariah Dutcher
– 4K & Preschool Asst. Teacher



Due Tonight !

CHILD CARE ENROLLMENT

Use of form: Use of this form is mandatory for Family Child Care Centers to comply with DCF 250.04(6)(a)1. Failure to comply may result in issuance of a noncompliance statement. This form may also be used by Group Child Care Centers and Day Camps to comply with DCF 251.04(6)(a)1. and DCF 252.41(4)(a)1. respectively. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian shall fill out the form completely, sign it and submit it to the center prior to the child's first day of attendance. Information on this form shall be kept current. When enrolling a child under two years of age, a completed *Intake for Child Under 2 Years* form must also be on file prior to the child's first day of attendance.

CHILD INFORMATION

| | | | | |
|------------------------|-------------------------------|------------------|------------------------|-------------------------|
| Name (Last, First, MI) | Address – Home (Street, City) | Telephone Number | Birthdate (mm/dd/yyyy) | First Day of Attendance |
|------------------------|-------------------------------|------------------|------------------------|-------------------------|

PARENT OR GUARDIAN – All parents / guardians are permitted to visit during center hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any.

| Relationship to Child | Name | Address – Home (Street, City) | Home / Cell Telephone No. | Name and Address – Place of Employment OR Where Reachable While Child is in Care | Telephone No. |
|-----------------------|------|-------------------------------|---------------------------|--|---------------|
| Mother | | | | | |
| Father | | | | | |
| Guardian | | | | | |
| Guardian | | | | | |

AUTHORIZED PERSONS – Persons other than parents / guardians who are authorized to pick up the child or accept the child if dropped off. If no one, write "None".

| Relationship to Child | Name | Address – Home (Street, City) | Home / Cell Telephone No. | Name and Address – Place of Employment OR Where Reachable While Child is in Care |
|-----------------------|------|-------------------------------|---------------------------|--|
| | | | | |
| | | | | |

EMERGENCY CONTACT – The person to be notified in an emergency when parents / guardians cannot be reached. Yes No This person is authorized to pick up the child. Yes No This person is authorized to accept the child if dropped off.

| Relationship to Child | Name | Address – Home (Street, City) | Home / Cell Telephone No. | Name and Address – Place of Employment OR Where Reachable While Child is in Care |
|-----------------------|------|-------------------------------|---------------------------|--|
| | | | | |
| | | | | |

PHYSICIAN OR MEDICAL FACILITY

| | |
|------|---|
| Name | Address (Street, City, State, Zip Code) |
|------|---|

AUTHORIZATION

- Yes No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
- Yes No I have had an opportunity to review the policies of this child care center and a summary of the Wisconsin Rules for Licensing Child Care Centers.
- Yes No I give permission for my child to participate in field trips and other activities during operating hours. Transported Walking
- Yes No I have been informed of the number of pets in the center and their degree of contact with the enrolled children. Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center.

| | |
|--------------------------------|-------------|
| SIGNATURE – Parent or Guardian | Date Signed |
|--------------------------------|-------------|

This should be 8/22/17 if participating in Sneak-Peek Day. Otherwise, 9/5/17.

Due Tonight !

ALTERNATE ARRIVAL / RELEASE AGREEMENT – CHILD CARE CENTERS

Use of form: This form is voluntary. However, this completed form, when on file in the child's record, meets the requirements of DCF 250.04(6)(a)3. and DCF 251.04(6)(a)5. and 251.095(4)(a)2. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: Complete this form for placement in the child's file when the child will arrive at the center from school, home or other activities, or depart from the center to go to school, home or other activities, and the child will not be accompanied by a parent or other previously authorized person or transported by the center. This form should be updated as information changes. Periodic review with the parent / guardian is recommended to ensure safety. If the center transports the child, the department's form "Transportation Permission – Child Care Centers" may be used to obtain parental authorization.

ARRIVAL INSTRUCTIONS

My child _____ (Child's name)
will arrive at **Creative Arts Class** _____ (Name of center)
from _____ (School, home or other activity)
by way of _____ (Walking, bicycle, bus, car pool, etc. Be as specific as possible.)
at _____ A.M. OR P.M. (Time of arrival)
on Sunday Monday Tuesday Wednesday Thursday Friday Saturday (Days of the week)
My child will arrive from this destination with OR without center supervision.

RELEASE INSTRUCTIONS

My child _____ (Child's name)
will leave **Creative Arts Class** _____ (Name of center)
by way of _____ (Walking, bicycle, bus, car pool, etc. Be as specific as possible.)
to go to _____ (School, home or other activity)
at _____ A.M. OR P.M. (Time of departure)
on Sunday Monday Tuesday Wednesday Thursday Friday Saturday (Days of the week)
My child will travel to this destination with OR without center supervision.

ADDITIONAL INSTRUCTIONS

I understand that I am responsible for notifying the center of any changes in this schedule such as vacation, school conference days, etc.

SIGNATURE – Parent

Date Signed (mm/dd/yyyy)

This is for bus riders only. It authorizes us to get your child off and/or put your child on the bus.

Be sure to mark all days Monday-Friday, as we sometimes have Friday Class.

Due Tonight !

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education
DCF-F (CFS-2345) (R. 03/2009)

STATE OF WISCONSIN
Page 1 of 2

HEALTH HISTORY AND EMERGENCY CARE PLAN

Use of form: This form is required for family and group child care centers and day camps to comply with DCF 250.04(6)(a)1. and 250.07(6)(L)5., DCF 251.04(6)(a)6. and 251.07(6)(k)5., and DCF 252.44(6)(g) of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian should complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

CHILD INFORMATION

| | | |
|------------------------|--|---|
| Name (Last, First, MI) | Address – Home (Street, City, State, Zip Code) | |
| Telephone Number | Birthdate (mm/dd/yyyy) | Date – First Day of Attendance (mm/dd/yyyy) |

PARENT / GUARDIAN INFORMATION

Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

| | | | |
|------|-------------------------|-------------------------|-------------------------|
| Name | Telephone Number – Home | Telephone Number – Work | Telephone Number – Cell |
| Name | Telephone Number – Home | Telephone Number – Work | Telephone Number – Cell |

PHYSICIAN / MEDICAL FACILITY INFORMATION

| | | |
|------------------|----------------------------|------------------|
| Name – Physician | Address – Medical Facility | Telephone Number |
|------------------|----------------------------|------------------|

| | | |
|--|---|------------|
| SUNSCREEN / INSECT REPELLENT AUTHORIZATION If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No I authorize the center to apply sunscreen to my child. | Brand Name |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No I authorize the center to apply insect repellent to my child. | Brand Name |

HEALTH HISTORY AND EMERGENCY CARE PLAN

If available, attach any health care plan information from the child's physician, therapist, etc.

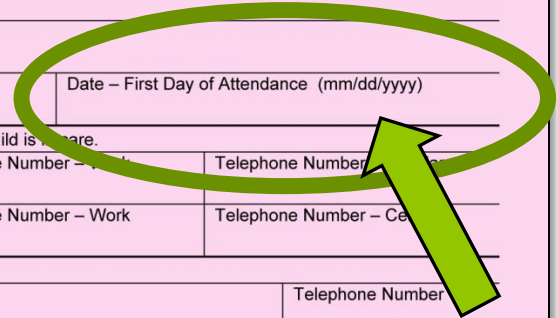
1. Check any special medical condition that your child may have.

| | | | |
|---|--|--|--|
| <input type="checkbox"/> No specific medical condition | <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Gastrointestinal or feeding concerns including special diet and |
| <input type="checkbox"/> Cerebral palsy / motor disorder | <input type="checkbox"/> Epilepsy / seizure disorder | <input type="checkbox"/> Any disorder including Cognitively Disabled, LD, ADD, ADHD, | |
| <input type="checkbox"/> Other condition(s) requiring special care – Specify. | | | |

Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.

Food allergies – Specify food(s).

Non-food allergies – Specify.



These have all been marked no. If you would like your child to have these, you need to provide and fill out an authorization form.

This should be 8/22/17 if participating in Sneak-Peek Day. Otherwise, 9/5/17.

But wait...there's more on the back →

2. Triggers that may cause problems – Specify.

3. Signs or symptoms to watch for – Specify.

4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication* should be attached to this form. Note: group child care centers and day camps may use their own form.

5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.

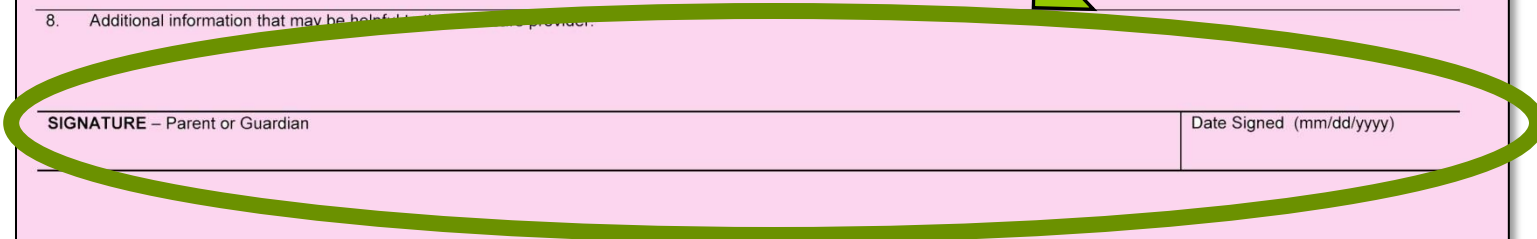
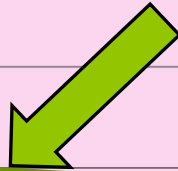
- a.
- b.
- c.

6. When to call parents regarding symptoms or failure to respond to treatment.

7. When to consider that the condition requires emergency medical care or reassessment.

8. Additional information that may be helpful to the provider.

Don't forget to sign & date



SIGNATURE – Parent or Guardian

Date Signed (mm/dd/yyyy)

Review dates: _____

Due October 1st

DAY CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO DAY CARE CENTER. State law requires all children in day care centers to present evidence of immunization against certain diseases within 30 school days (6 calendar weeks) of admission to the day care center. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the day care center. See "Waivers" below. If you have any questions on immunizations or how to complete this form, please contact your child's day care provider or your local health department.

PERSONAL DATA PLEASE PRINT

| | | | |
|---------------|---|--|----------------------------|
| STEP 1 | Child's Name (Last, First, Middle Initial) | Date of Birth (Month/Day/Year) | Area Code/Telephone Number |
| | Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial) | Address (Street, Apartment number, City, State, Zip) | |

IMMUNIZATION HISTORY

STEP 2 List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A (+) OR (X) except to indicate whether the child has had chickenpox. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.

| TYPE OF VACCINE | First Dose Month/Day/Year | Second Dose Month/Day/Year | Third Dose Month/Day/Year | Fourth Dose Month/Day/Year | Fifth Dose Month/Day/Year |
|--|------------------------------|-------------------------------|------------------------------|-------------------------------|------------------------------|
| Diphtheria-Tetanus- <i>Pertussis</i> (Specify DTP, DTaP, or DT) | | | | | |
| Polio | | | | | |
| Hib (<i>Haemophilus influenzae</i> Type B) | | | | | |
| Pneumococcal Conjugate Vaccine (PCV) | | | | | |
| Hepatitis B | | | | | |
| Measles-Mumps-Rubella (MMR) | | | | | |
| Varicella (chickenpox) vaccine <small>Vaccine is required only if the child has not had chickenpox disease.</small> | | | | | |

Has the child had **Varicella (chickenpox) disease**? Check the appropriate box and provide the year if known.
 Yes year _____ (Vaccine is not required)
 No or Unsure (Vaccine is required)

REQUIREMENTS

STEP 3 The following are the minimum required immunizations for the child's age/grade at entry. All children within the range must meet these requirements at day care entrance. Children who reach a new age/grade level while attending this day care must have their records updated with dates of additional required doses.

| AGE LEVELS | NUMBER OF DOSES | | | | | |
|-----------------------------|----------------------------|---------|--------------------|--------------------|---------|--------------------------------|
| 5 months through 15 months | 2 DTP/DTaP/DT | 2 Polio | 2 Hib | 2 PCV | 2 Hep B | |
| 16 months through 23 months | 3 DTP/DTaP/DT | 2 Polio | 3 Hib ¹ | 3 PCV ² | 2 Hep B | 1 MMR ³ |
| 2 years through 4 years | 4 DTP/DTaP/DT | 3 Polio | 3 Hib ¹ | 3 PCV ² | 3 Hep B | 1 MMR ³ 1 Varicella |
| At Kindergarten entrance | 4 DTP/DTaP/DT ⁴ | 4 Polio | | | 3 Hep B | 2 MMR ³ 2 Varicella |

¹If the child began the Hib series at 12-14 months of age, only 2 doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose 4 days or less before the first birthday is also acceptable).

²If the child began the PCV series at 12-23 months of age, only 2 doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.

³MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1st birthday is also acceptable).

⁴Children entering kindergarten must have received one dose after the 4th birthday (either the 3rd, 4th or 5th) to be compliant (Note: a dose 4 days or less before the 4th birthday is also acceptable).

COMPLIANCE DATA AND WAIVERS

STEP 4 IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 5 and return this form to the day care center), OR IF THE CHILD **DOES NOT** MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to day care center).

Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I understand that it is my responsibility to obtain the remaining required doses of vaccines for this child **WITHIN ONE YEAR** and to notify the day care center in writing as each dose is received.

NOTE: Failure to stay on schedule or report immunizations to the day care center may result in court action against the parents and a fine of up to \$25.00 per day of violation.

For health reasons this child should not receive the following immunizations _____ (List in STEP 2 any immunizations already received)

Physician's Signature Required

For religious reasons this child should not be immunized. (List in STEP 2 any immunizations already received)

For personal conviction reasons this child should not be immunized. (List in STEP 2 any immunizations already received)

SIGNATURE

STEP 5 To the best of my knowledge this form is complete and accurate.

SIGNATURE - Parent, Guardian or Legal Custodian _____ Date Signed _____

Step 1 – Complete

Step 2 – Complete
OR attach printout from Dr.

Step 3 –
Informational

Step 4 – Complete
if you do not have your child immunized.

Step 5 – Sign & Date

Due December 1st

CHILD HEALTH REPORT – CHILD CARE CENTERS

Instructions: Each child under 2 years of age shall have an initial health examination not more than 6 months prior to nor later than 3 months after being admitted to the center and a follow-up health examination at least once every 6 months after admission. Except for a school-aged child, each child 2 years of age or older shall have an initial health examination not more than one year prior to nor later than 3 months after being admitted to a center and a follow-up health examination at least once every 2 years after admission.

PARENT OR GUARDIAN – Complete this section.

Name – Child (Last, First, MI) Birthdate – Child (mm/dd/yyyy)

Address – Child (Street, City, State, Zip Code)

Name – Parent or Guardian (Last, First, MI)

Address – Parent or Guardian (Street, City, State, Zip Code)

HEALTH PROFESSIONAL – Complete this section.

Instructions for feeding and care of child with special problems, including allergies – Specify (attach information as necessary).

Yes No Does the child have a milk allergy? If "Yes", identify the recommended milk substitute.

Date of most recent blood lead test: _____ (mm/dd/yyyy). Note: Children on Medicaid are required to be tested at around ages 12 months and 24 months or once between the ages of 3 and 5 years if no previous test is documented. Lead testing is optional for children who are not on Medicaid.

Immunization(s) not to be administered to child due to medical reason(s) – Specify.

AUTHORIZATION

I certify that I have examined the above child on this date and that he / she is able to participate in child care activities.

Name – MD, PA or HealthCheck Provider (type or print) Address (Street, City, State, Zip Code)

SIGNATURE – MD, PA or HealthCheck Provider Date of Examination

Complete the
Parent/Guardian
Section.

Remainder of this
form must be
completed by a
medical
professional.

Medications

- If your child needs medication administered here:
 - You must personally hand the medication to us.
 - The medication must be in the original pharmacy container with child's name, etc.
 - You must complete a medical authorization form.

Form Deadline Summary

- TONIGHT – Yellow - Both Sides
- TONIGHT – Pink – Both Sides
- October 1st – Green
- December 1st – White (Doctor must complete)
- Unfortunately, if you miss these deadlines, your child will not be able to attend until you are compliant due to WI Daycare Licensing Laws. Please be sure this doesn't happen!

Notes about Gear

- Your child needs a large backpack...the little ones are cute but don't fit the weekly folder, snow pants, extra clothes, etc. Your child will get frustrated by a small backpack...trust us 😊
- Sandals, flip-flops and croc-type shoes are not ideal here due to the pea gravel on the playground and their tendency to cause tripping. No bike riding with open-toed shoes is allowed.



Extra Clothes are REQUIRED!

- Pants/Shorts
- Shirt
- Underwear
- Socks



- We suggest putting these in a Ziploc bag in the front pocket of your child's backpack.
- Don't forget to swap things out as seasons change.

Watch the Weather

- We go outside everyday...unless it is raining or the temperature with wind chill is below zero.
- Especially in the fall/spring it may be cold in morning and hot in afternoon.
- In the winter, all gear is required EVERYDAY. It might not seem too cold as you run from the house to the car/work/etc...but we spend about a half hour outside...it can be very cold.

Defining Sickness

- Sick kids need to stay home and rest! He/she must be **symptom free WITHOUT medication** for at least **24 hours**.
 - No Fever
 - No Vomiting
 - No Diarrhea
- Please do not send your sick child to school ...50+ people will be exposed and it's likely that the crud will continue making it's rounds and your child will get it back again.

Absences

- Call us at 884-6162 – anytime...leave a voicemail if necessary.
- Call the bus company if your child rides the bus.
- If we don't hear from you, we will have to call (interrupting our teaching time). If we can't reach you to verify your child's safety then we will have to call the police.

Bussing

- All bussing schedules need to be handled with Riteway. We cannot help you...sorry!
- If your child normally rides the bus and you are picking him/her up, we **MUST** receive a phone call or a note from you.
- We will **NOT** take your child's word for it 😊

Arrival/Departure

- Class times are:
 - Morning 8am-11:15 am
 - Afternoon: 12pm – 3:15 pm
- Drop off no earlier than 5 minutes before class. We are not staffed for early arrivals.
- Please pick up your child promptly at the end of class.
- If somebody different is picking your child up, please be sure they are on your authorized persons list or we need a signed, dated note with specifics on who and when.

Goodbyes

- Keep it short and sweet.
- Don't drag it out...it isn't going to make it easier on your child.
- Do NOT sneak out!
- Stick to your word.
- Say goodbye and go.
- Your child will be fine within a few minutes of leaving...trust us!
- If you need reassurance that your child has calmed down after you leave, we can send you a quick text/call.

Expectations for 4-Year-Olds

- Should WALK in/out of school, not be carried.
- Should bathroom self, including wiping, flushing, buttoning/zipping, washing hands.
- Will need to zip/button own coat. Put on all outerwear...start practicing now 😊
- Pack & carry their own backpacks.
- Pour from a small pitcher.

The “Dreaded” Blue Chair



- To gather thoughts
- To get body under control
- To focus
- To be safe

Snacks / Show & Tell

REMINDER - YOUR CHILD HAS TWO JOBS FOR NEXT CLASS PERIOD

| MONDAY | TUESDAY | WEDNESDAY | THURSDAY |
|---|--|--|---|
| Fruit | Dairy/Protein | Vegetable | Whole grain |
| Bananas Apples Grapes Fruit Cups (not in syrup) Apple sauce We can wash/cut fruit prior to serving. NO FRUIT SNACKS! | GoGurt Yogurt String Cheese Cheese & Sausage Ham Roll Up. | Snap Peas Carrots Celery "Ants on a log" Broccoli You can send a dip (ranch, dill, pb) to serve w/ the vegetable if you'd like. | W.G crackers W.G bagels W.G bread w PB W.G Waffles Granola bars We have a toaster at school. |

Please help your child bring **1 ITEM** relating this month's theme.

September Show & Tell Theme Is:

*Something You Did Over
The Summer*

Please send a snack for 20 children that fits into the food group for your child's show & tell day.

Please help your child bring ONE photo and/or ONE memento relating to this month's theme. Photos can also be e-mailed to 4k@creativeartsclass.net

Calendar

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|--|--|--|--|--|---|
| <h1>September 2017</h1> | | | | | | |
| <p>Nursery Rhyme: Mary Had a Little Lamb Character Traits: Courtesy and Politeness Show & Tell and the Snack Helper: Something you did this summer</p> | | | | | | |
| <p>3 Welcome To School Color: Purple</p> | <p>4 No School Labor Day</p> | <p>5 1st day of school pictures Person Book</p> | <p>6 ST CB Fox Dutcher Red Folder Cover</p> | <p>7 ST CB Crandall Fox Kissing Hand</p> | <p>8 <u>Optional Outreach Activity</u> <i>Chester's Walk in the Woods</i> 10am-12pm Edgerton Hospital Walking Trail/Healing Garden</p> | <p>9 ST = Show & Tell Show & Tell Helper also brings the snack. CB = Color Bag</p> |
| <p>10 Me & My Family Color: Blue</p> | <p>11 No 4K</p> | <p>12 AM PM ST-Dominic Cylas CB-Samuel Riley Raccoon Puppet AM SNACK- Dominic PM SNACK- Cylas</p> | <p>13 AM PM ST-Dathan CB-Payton Red Folder Cover</p> | <p>14 AM PM ST-Charley Clarissa CB-Micah Family Tree AM SNACK -Charleigh PM SNACK-Clarissa</p> | <p>15 AM PM ST-Briella Brantley CB-Madson Leighton Family Drawing Super Hero Dress-Up Day AM SNACK -Briella PM SNACK-Brantley</p> | <p>16 Yes, we have school 9/15!</p> |
| <p>17 ALL ABOUT ME Color: Green</p> | <p>18 AM PM ST-Beckett Ayden CB-Lincoln Jillian Name Paint AM SNACK -Beckett PM SNACK-Ayden</p> | <p>19 AM PM ST-Dominic CB-Kahlia Who Am I? AM SNACK-Dominic PM SNACK-Aliana</p> | <p>20 AM PM ST-Sam Aiden CB-Jaylin Jacin Mat Man AM SNACK-Adam PM SNACK-Aiden</p> | <p>21 AM PM ST-Will Wyatt CB-Henry Isabella Faces-What I Like Most About My Classroom Is Who I Share It With Picture Day AM SNACK-Will PM SNACK-Wyatt</p> | <p>22 <u>Optional Outreach Activity</u> <i>Families can meet us up by the Elementary School for Mini-Homecoming Parade</i> At approximately 9:45 am</p> | <p>23</p> |
| <p>24 MY FRIENDS Color: Yellow</p> | <p>25 AM PM ST-Samuel Tyler CB-Fox Ella Friendship Chain AM SNACK-Samuel PM SNACK-Tyler</p> | <p>26 AM PM ST-Payton Rowan CB-Everlyn Cylas Friendship Quilt Square AM SNACK-Payton PM SNACK-Rowan</p> | <p>27 AM PM ST-Micah Riley CB-Dominic Clay Bingo Dauber Hand Tracing Decorating Our Class Is The Best Hands Down AM SNACK-Micah PM SNACK-Riley</p> | <p>28 AM PM ST-Madson Dutcher CB-Dathan Clarissa Friendship Bingo AM SNACK-Madson PM SNACK-Dutcher</p> | <p>29</p> | <p>30</p> |

Dress-Up Days

- We have several special dress-up days throughout the year. You may want to keep these in mind when rummaging or buying birthday/Christmas gifts.
 - Super Me Day (capas, super hero costume)
 - Costume Day (Halloween)
 - Royalty (king, queen, princess, knight, dragon)
 - Cowboy
 - Career Day (no super heroes, princess, Disney characters)
 - Beach Day

Our Website

- We post summaries of our week, photos, and other important info.
- Get a copy of the calendar if you misplaced yours.
- Read the latest newsletter.
- See upcoming event dates.
- We recommend subscribing so that each update comes right to your inbox...no need to remember to check back.
- We do NOT post kids' names with their photos for safety reasons.

Your Response is Needed!

After you have completed reviewing this information please call us at 608-884-6162 to let us know if your child will be attending the Student Sneak Peek/Meet the Teachers Day on Tuesday, August 22nd or not.

Leave a message if we do not answer or e-mail us at 4k@creativeartsclass.net.

9:00-10:00am for Morning Students

10:30-11:30am for Afternoon Students