

# Registration Form - Grace Preschool -2's 2019-2020

343 Grand Ave., Loves Park, Illinois 61111 Phone: 815-282-6114

Child's Name \_\_\_\_\_ ( ) Boy ( ) Girl  
(First) (Last) (Nickname)

Birthdate: \_\_\_\_\_ Month/Day/Year

**Parents:**

(Mom) \_\_\_\_\_ (Dad) \_\_\_\_\_  
(First) (Last) (First) (Last)

Marital Status: ( ) Married ( ) Divorced ( ) Single ( ) Separated

Primary Phone: \_\_\_\_\_

Mom's Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dad's Address (if different) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mom's Email \_\_\_\_\_

Dad's Email \_\_\_\_\_

Mom's Cell Phone \_\_\_\_\_

Dad's Cell Phone \_\_\_\_\_

Employer (Mom) \_\_\_\_\_

Employer (Dad) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Dad) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work phone \_\_\_\_\_

Work phone \_\_\_\_\_

Working hours: \_\_\_\_\_

Working hours: \_\_\_\_\_

Physician \_\_\_\_\_ Preferred hospital \_\_\_\_\_

*In case your child becomes ill or injured and needs immediate care, and you or your physician cannot be reached, emergency services will be called.*

**Child release: (Only those listed below (other than Mom or Dad) will be allowed to pick up your child.)**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Related how? \_\_\_\_\_

Related how? \_\_\_\_\_

*A written permission slip must be sent to the teacher before anyone other than the above can pick up your child.*

**Emergency Contacts:**

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (home) \_\_\_\_\_

Phone (cell) \_\_\_\_\_ Phone (cell) \_\_\_\_\_

**(PLEASE COMPLETE BACK OF FORM)**

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**FOR OFFICE USE ONLY**

\_\_\_ Physical Received \_\_\_ DCFS Booklet Signed \_\_\_ Discipline Booklet Signed \_\_\_ Card for Treasurer \_\_\_ Birth Certificate

DATE OF PHYSICAL: \_\_\_\_\_ DATE REGISTERED: \_\_\_\_\_

REGISTRATION FEES: \_\_\_\_\_

DATE PAYMENT RECEIVED: \_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_ CHECK #: \_\_\_\_\_

DATE ADMITTED: \_\_\_\_\_ DATE DISMISSED: \_\_\_\_\_

**Class preference**

(Please keep in mind that while we are giving you a preference, we cannot guarantee this class until after all applications are in to determine number and class balance)

A child must be **2 by the beginning** of the current year in order to enroll in a two-year-old preschool class.

Please indicate your first (1) and second (2) choice:

- Friday A.M. 9 to 11:15
- Tuesday/Thursday A.M. 9 to 11:15

Names and ages of other children in your family \_\_\_\_\_

Did they attend Grace Preschool?  Yes  No

Does your family attend Church? \_\_\_\_\_ If so, where? \_\_\_\_\_

If not, are you interested in more information about Grace Lutheran Church? \_\_\_\_\_

How did you find out about our school?  Family  Friends  Flier  Poster  Yard Sign  
 Church  Sunday School  Website  Grace Playgroup  Referred by \_\_\_\_\_

Does your child have any of the following?

Allergies \_\_\_\_\_

Speech concerns \_\_\_\_\_

Health concerns (i.e. asthma) \_\_\_\_\_

Is your child potty trained? \_\_\_\_\_

Your signature will authorize the following:

1. As part of the curriculum, we learn about God through Chapel and Bible Stories, and prayer is a regular part of our day.
2. Pictures will be taken in the spring and possibly for special events. Class pictures and candid photos are posted on our website and Facebook. All photos may be used for publicity purposes.
3. If necessary, a qualified staff member may administer first aid to your child.
4. In an emergency, parents will be contacted and/or medical services obtained immediately.
5. Information pertaining to the admission, progress, health, or discharge of an individual child shall be confidential, unless the parents have granted written permission for disclosure.
6. Grace Preschool follows all licensing regulations through DCFS.
7. Parents are to provide diapers and wipes for children who are not potty-trained.

Parent's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

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**PAYMENTS**

Registration Fee (*Non-refundable*) – \$100 if paid by April 1st, \$125 after April 1st

\$75 Monthly Tuition -- (1 day per week) September through May

\$135 Monthly Tuition – (2 days per week) September through May  
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