

Registration Form - Grace Preschool - 3'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)

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 **three by September 1st** of the current year in order to enroll in a three-year-old preschool class. Please ask about possible exceptions.

Please indicate your first (1) and second (2) choice: () T/TH A.M. 8:45 to 11:30
() M/W/F A.M. 8:45 to 11:30
() T/TH P.M. 12:15 to 3:00
() T/W/TH P.M. 12:15 to 3:00

Returning student? () Yes () No

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) _____

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. Field trips will be taken and permission slips are required.
3. Trips within walking distance are permitted without permission slips.
4. 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.
5. If necessary, a qualified staff member may administer first aid to your child.
6. In an emergency, parents will be contacted and/or medical services obtained immediately.
7. 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.
8. Grace Preschool follows all licensing regulations through DCFS.

Parent's Signature _____ Date Signed _____

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PAYMENTS

Registration Fee (Non-refundable) - \$100 before April 1st, \$125 after April 1st

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

\$185 Monthly Tuition – (3 days per week) September through May
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