

PEACE COMMUNITY PRESCHOOL
2012-2013 APPLICATION FOR ADMISSION

Check One: Current Preschool Student _____ Peace Community Church Member _____ Sibling of Past Student _____
 Sibling of Present Student _____ New Student _____

If you will have additional children in the preschool next year, please indicate their age(s): _____

Welcome to Peace Community Preschool. Please complete **both sides** of this application and return it to Peace Community Preschool, 21300 S. Lagrange Road, Frankfort, IL 60423.

Child's Name _____ Birthdate _____ Place of Birth _____ Sex _____

Address _____ City _____ Zip Code _____

Home Phone _____ Cell Phones (Mom) _____ (Dad) _____

Mother's Name _____ Mother's Occupation _____ Mother's Work Number _____

Mother's Work Address _____ City _____ Zip Code _____

Father's Name _____ Father's Occupation _____ Father's Work Number _____

Father's Work Address _____ City _____ Zip Code _____

Mother's Work Hours _____ Father's Work Hours _____ Marital Status M W D S

Primary E-Mail Address: _____

Please indicate if someone other than the parent/guardian will be participating frequently at school. _____

A registration fee of \$60.00 per family is payable at the time of acceptance into the school. This fee, is not refundable, unless there is insufficient class enrollment in the Fall. Registration for new students will begin at our Open House on Saturday, January 28, 2012. All families with more than one child in the school will pay full tuition for the first child and receive a \$5.00 per month discount for each additional child. A security deposit, equal to one month's tuition, will be required for all students. It will be applied to the May 2013 tuition. The security deposit is not refundable unless the class is full and the child's replacement in class is immediate.

CLASS DESIRED - PLEASE INDICATE 1ST AND 2ND CHOICE:

CLASS NAME	AGE	DAY	CLASS TIME	TUITION	CLASS SIZE
_____ Creative Beginners	turn 2 before 3/1/12	W	9:00 - 11:30 a.m.	\$55 month	14 children
_____ Early Learning	turn 3 before 9/1/12	M-W	9:00 - 11:30 a.m.	\$100 month	18 children
_____ Early Learning	turn 3 before 9/1/12	T-Th	9:00 - 11:30 a.m.	\$100 month	18 children
_____ Discovery	turn 4 before 9/1/12	T-Th-F	9:00 - 11:30 a.m.	\$127 month	20 children
_____ Discovery	turn 4 before 9/1/12	T-Th-F	12:30 - 3:00 p.m.	\$127 month	20 children
_____ Discovery	turn 4 before 9/1/12	M-W-F	9:00 - 11:30 a.m.	\$127 month	20 children
_____ Kinderbridge	turn 4 before 4/1/12	T-W-Th-F	12:30 - 3:00 p.m.	\$152 month	20 children

Parent/Guardian Signature _____ Date _____

PLEASE COMPLETE THE BACKSIDE OF THIS FORM

Preschool Office to Complete:

Date Application Received _____

Date Enrolled _____ Date Discharged _____

Child's Name _____ Birthday _____

CHILD RELEASE

PRIMARY CHILD RELEASE CONTACTS: Parent/Guardian must indicate the Name, Complete Address and Phone Number of three people in addition to the parents, who will pick up the child on a routine basis. You may include family members, neighbors, babysitters, other parents from the class, etc. These people may also be on your Emergency Release Contact List.

Name	Complete Address	Home and Cell Phone
1. _____	_____	() _____ () _____
2. _____	_____	() _____ () _____
3. _____	_____	() _____ () _____
4. _____	_____	() _____ () _____
5. _____	_____	() _____ () _____

EMERGENCY CHILD RELEASE CONTACTS: Parent/Guardian must indicate the Name, Complete Address, and Phone Number of three people other than themselves. These people have the parent/guardian's authority to pick up the child and to care for the child in an emergency situation when we are unable to contact the parent/guardian.

Name	Complete Address	Home and Cell Phone
1. _____	_____	() _____ () _____
2. _____	_____	() _____ () _____
3. _____	_____	() _____ () _____

CONTINGENT CHILD RELEASE CONTACTS: The following people may pick up the child occasionally. For example: Grandparents are visiting from out of state and will pick the child. These people may also be on your Emergency Release Contact List.

Name	Complete Address	Home and Cell Phone
1. _____	_____	() _____ () _____
2. _____	_____	() _____ () _____
3. _____	_____	() _____ () _____

MEDICAL INFORMATION AND RELEASE
Physician's Name & Address/Phone (Complete in full):

_____ () _____

Last DPT _____ Allergies _____ Medications _____

Other significant condition that the Staff should be made aware of? _____

I give permission to Peace Community Preschool to take whatever emergency measures are judged necessary for the care and protection of my child while under the supervision of the preschool. An attempt will always be made to contact the parent/guardian in a medical emergency. However, I understand that in some medical situations, the preschool staff members may need to contact the local emergency resource before me, my child's physician, or other adults acting on my behalf. I understand that my child will be transported to the nearest hospital by the local emergency unit for treatment if the local emergency resource deems it necessary, and my child will be transported at my expense. I give consent to the staff members to administer First Aid if a minor accident occurs. This First Aid treatment may include: cleansing of a minor scrape and applying a bandage, or cold pack to a minor bump or bruise.

Parent/Guardian Signature: _____ Date: _____

Important Information

Dear Parents and Guardians:

Peace Community Preschool is licensed by D.C.F.S., and we are required to comply with all of the Illinois State Licensing Standards that regulate Preschools and Day Care Centers. Please help us meet the state requirements by providing complete information for three people who have your permission to pick up your child from preschool. Thank you!

Primary Child Release Contacts

Three people who will pick up your child from Preschool on a routine basis and transport him to your home. For example: mother, father, grandparent, babysitter, nanny. ***If you list yourself, you must list three additional people as contacts.***

Emergency Child Release Contacts

Three people who have your permission to pick up your child and care for him in their home, in an emergency situation when we are unable to contact you. For example: grandparents, friends, neighbors, aunts, uncles.

Contingent Child Release Contacts

Three people who have your permission to pick up your child occasionally during the year. For example: carpool friend, play date friend, neighbor, and friend.

*You may use yourselves on the primary contact list; however, you may not use yourselves on the Emergency and Contingent Lists. You may use the same people (friends and family members) in all three lists. Please call the preschool office (815) 469-8919 if you have any questions about these lists.