

**PEACE COMMUNITY PRESCHOOL**  
**2018-2019 APPLICATION FOR ADMISSION**

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

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 Full Name \_\_\_\_\_ Preferred Name \_\_\_\_\_ Birthdate \_\_\_\_\_ 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. \_\_\_\_\_

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A registration fee of \$75.00 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 27, 2018. 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, 2019 tuition.

**CLASS DESIRED - PLEASE INDICATE 1<sup>ST</sup> AND 2<sup>ND</sup> CHOICE:**

<u>CLASS NAME</u>	<u>AGE</u>	<u>DAY</u>	<u>CLASS TIME</u>	<u>TUITION</u>	<u>CLASS SIZE</u>
_____ Early Learning	turn 3 before 9/1/18	M-W	9:00 - 11:30 a.m.	\$120 month	18 children
_____ Early Learning	turn 3 before 9/1/18	T-Th	9:00 - 11:30 a.m.	\$120 month	18 children
_____ Discovery	turn 4 before 9/1/18	M-W-F	9:00 - 11:30 a.m.	\$160 month	20 children
_____ Discovery	turn 4 before 9/1/18	T-W-Th-F	9:00 - 11:30 a.m.	\$190 month	20 children
_____ Kinderbridge	turn 4 before 4/1/18	T-W-Th-F	12:30 - 3:00 p.m.	\$190 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**

**CHILD RELEASE CONTACTS: Parent/Guardian, please 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.**

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

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:** \_\_\_\_\_