

**PEACE COMMUNITY PRESCHOOL**  
**2023-2024 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 \_\_\_\_\_ 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 \$95.00 for one child or \$105 for more than one child is payable at the time of registration. This fee is not refundable. Registration for new students will begin at our Open House on Saturday, January 21, 2023. A security deposit, equal to one month's tuition, will be required for all students. It will be applied to the September, 2023 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 9/1/23	M-W	9:00 - 11:30 a.m.	\$140 month	18 children
_____ Early Learning	turn 3 before 9/1/23	T-Th	9:00 - 11:30 a.m.	\$140 month	18 children
_____ Discovery	turn 4 before 9/1/23	M-W-F	9:00 - 11:30 a.m.	\$180 month	20 children
_____ Discovery	turn 4 before 9/1/23	T-W-Th-F	9:00 - 11:30 a.m.	\$210 month	20 children
_____ Kinderbridge	turn 4 before 4/1/23	T-W-Th-F	12:30 - 3:00 p.m.	\$210 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 \_\_\_\_\_

Revised 12/1/22

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_

**CHILD RELEASE CONTACTS: Parent/Guardian, please indicate the Name, Relationship to Child 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	Relationship to Child	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:** \_\_\_\_\_