

PEACE COMMUNITY PRESCHOOL
2024-2025 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 _____

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

Marital Status M W D S

Primary E-Mail Address: _____

Additional E-Mail Address: _____

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

A registration fee of \$95.00 per 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 20, 2024. A security deposit, equal to one month's tuition, will be required for all students. It will be applied to the September, 2024 tuition.

CLASS DESIRED - PLEASE INDICATE 1ST AND 2ND 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 9/1/24 | M-W | 9:00 - 11:30 a.m. | \$140 month | 18 children |
| _____ Early Learning | turn 3 before 9/1/24 | T-Th | 9:00 - 11:30 a.m. | \$140 month | 18 children |
| _____ Discovery | turn 4 before 9/1/24 | M-W-F | 9:00 - 11:30 a.m. | \$180 month | 20 children |
| _____ Discovery | turn 4 before 9/1/24 | T-W-Th-F | 9:00 - 11:30 a.m. | \$210 month | 20 children |
| _____ Kinderbridge | turn 4 before 4/1/24 | 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 _____

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: _____