

\_\_\_\_\_ AM Three Day (M/W/F)

### THREE YEAR OLD PROGRAM

\_\_\_\_\_ AM Two Day (T/Th)

\_\_\_\_\_ PM Two Day (T/Th)

\_\_\_\_\_ PM Three Day (M/T/Th)



715 N. Carlton Ave. Wheaton, IL 60187  
 630-668-5146 x27  
 www.firstpreswheaton.org

<b>Non-Priority Application For Preschool Use Only</b>	
Date App. Received:	_____
Enrollment Check #	_____
Date of Admittance:	_____
Date of Discharge:	_____
Hours of Care:	9-11:30am 12:30-3pm
Days of Care:	MWF T-TH M-T-TH

Name of Child \_\_\_\_\_ (First/Last) Name to be used at school \_\_\_\_\_

Birth date \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex (M / F) \_\_\_\_\_

Father's / Guardian's Name \_\_\_\_\_ Mother's/ Guardian's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mom's Cell # \_\_\_\_\_ Dad's Cell # \_\_\_\_\_

E-Mail Address for school communication and mailings: \_\_\_\_\_

Father's Employer / Occupation \_\_\_\_\_ Phone \_\_\_\_\_ Hours \_\_\_\_\_

Mother's Employer / Occupation \_\_\_\_\_ Phone \_\_\_\_\_ Hours \_\_\_\_\_

Religious Affiliation (optional): \_\_\_\_\_

Would you like to be contacted by someone at First Presbyterian Church of Wheaton regarding membership? \_\_\_\_\_

**Please list names and birth dates (including year) of other children in your family  
 In order to maintain priority status for younger siblings.**

	Name/Birth date	Name/Birth date	Name/Birth date	Name/Birth date
Younger:				
Older:				

Did any of your children attend First Presbyterian Preschool? Yes \_\_\_\_\_ No \_\_\_\_\_

Marital status of parents: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Has your child attended any early education programs or activities prior to attending our Terrific Twos program?  
 \_\_\_\_\_  
 \_\_\_\_\_

Has your child ever received any early intervention services? \_\_\_\_\_  
 \_\_\_\_\_

How does your child get along with other children? \_\_\_\_\_

How does your child react to discipline? \_\_\_\_\_

Does your child show a desire to be independent? \_\_\_\_\_

How would you rate your child's speech development?  
\_\_\_\_\_

Does your child have any of the following circumstances?

Physical needs which require alterations to the classroom environment or special accommodations?  
\_\_\_\_\_

Medication? \_\_\_\_\_

Chronic physical condition or illness? \_\_\_\_\_

Allergies? \_\_\_\_\_

In what areas of development does your child need encouragement? \_\_\_\_\_

How do you expect First Presbyterian Preschool to help in your child's development? \_\_\_\_\_

**Please list local persons (within 10-15 miles) authorized to pick up your child and to whom your child may be released if you cannot be reached in the case of an emergency or illness. You must provide two contacts.**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Address \_\_\_\_\_

If none of the above persons can be reached in an emergency, I give the school staff and/or an attending physician the authority to take the actions necessary in the best interest of my child. These actions may include either emergency medical treatment or emergency first aid administered by one certified in CPR and first aid.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

How did you find out about our program?

- Church newsletter or bulletin     Church Website     Other \_\_\_\_\_     Outdoor Sign  
 Yellow Pages     Friend or Neighbor: \_\_\_\_\_     Realtor

**PLEASE REMEMBER TO INCLUDE YOUR ENROLLMENT FEE OF \$100 MADE PAYABLE TO FIRST PRESBYTERIAN PRESCHOOL. THANK YOU!**

