

\_\_\_\_\_ **Mon & Wed 9:15-11:15am**

\_\_\_\_\_ **Tues & Thurs 9:15-11:15am**

**TERRIFIC TWOS**



715 North Carlton Ave.,  
Wheaton, IL 60187  
630-668-5147 ext. 27  
[www.firstpreswheaton.org](http://www.firstpreswheaton.org)

|  |              |
|--|--------------|
| <b>Non-Priority Application<br/>For Preschool Use Only</b> |              |
| Date App. Received:  | _____        |
| Enrollment Check #   | _____        |
| Date of Admittance:  | _____        |
| Date of Discharge:   | _____        |
| Hours of Care:   | 9:15-11:15am |
| Days of Care:  | T-TH MW      |

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

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

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

Home Address \_\_\_\_\_  
(address) (city) (state) (zip code)

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 the children listed above 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? \_\_\_\_\_

\_\_\_\_\_

What contact has your child had with children outside the home? \_\_\_\_\_

\_\_\_\_\_

To what extent is your child toilet-trained? \_\_\_\_\_

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

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? \_\_\_\_\_

**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!**

