

_____ AM Three Day (M/W/F)
 _____ AM Two Day (T/Th)
 _____ PM Three Day (M/T/Th)

THREE-YEAR-OLD PROGRAM

715 N. Carlton Ave.
 Wheaton, IL 60187
 630-668-5146 x33
 preschool@firstpreswheaton.org



NON-PRIORITY APPLICATION
For Preschool Office Use Only

Date App. Received: _____
 Enrollment Fee 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

Child's Full Name: _____ Name to be used at school: _____

Birthdate: _____ Place of Birth: _____ Sex (M / F) _____
 (Month) (Day) (Year)

Parent/Guardian 1 Name: _____ Parent/Guardian 2 Name: _____

Home Address _____
 (address) (city) (state) (zip code)

Parent/Guardian 1 Cell #: _____ Parent/Guardian 2 Cell #: _____

E-Mail Address for school communication and mailings: _____

Parent/Guardian 1 Employer/Occupation: _____ Phone _____

Parent/Guardian 2 Employer/Occupation: _____ Phone _____

Religious Affiliation (optional): _____

Would you like to be contacted by someone at First Pres Church of Wheaton regarding membership? _____

Please list names and birth dates (*including year*) of other children in your family.

This information ensures priority status for younger siblings.

Name/Birthday	Name/Birthday	Name/Birthday	Name/Birthday

Do/did any of your children attend First Presbyterian Preschool? Yes _____ No _____

What other early education programs or activities has your child attended in the past few years?

Has your child received any early intervention services? If yes, please explain _____

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? _____

In what ways would you like to see First Pres Preschool help in your child's development? _____

Please list local persons 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. *Per DCFS, 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 _____

- ✓ Please remember to enclose your Enrollment Fee of \$100 with your application. Checks made payable to First Pres Preschool (online payment and cash also accepted).
- ✓ Please make sure to mark your top preference(s) for class days/times in upper right corner of page 1.
- ✓ Email Melissa Coyne at preschool@firstpreswheaton.org with any questions, thank you!