

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

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



## TERRIFIC TWOS PROGRAM

715 North Carlton Ave.  
 Wheaton, IL 60187  
 630-668-5147 ext. 33  
 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: 9:15am-11:15am

Days of Care: Mon/Wed Tu/Th

Child's Name: \_\_\_\_\_ Name to be used at school: \_\_\_\_\_

Birthday: \_\_\_\_\_ 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 the names and birth dates (*including year*) of all 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 the children listed above attend First Pres Preschool? Yes \_\_\_\_\_ No \_\_\_\_\_

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

If yes, please list: \_\_\_\_\_

Has your child received early intervention services? If yes, please list/explain: \_\_\_\_\_

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

To what extent is your child potty-trained? *(not a requirement for the 2's program)* \_\_\_\_\_

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 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 include your Enrollment Fee of \$100 with your application.**

(Checks made payable to First Pres Preschool. Cash or Online Payment also accepted).

**Please email [preschool@firstpreswheaton.org](mailto:preschool@firstpreswheaton.org) with questions about enrollment.**

