

Monday-Thursday 12:30pm-3pm  
Friday 9am-11:30am

# PRE-K PROGRAM

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



## PRE-K 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: Monday-Thursday

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](mailto:preschool@firstpreswheaton.org) with any questions, thank you!