

Application for Enrollment

2020-2021

Child Information



Date _____

Child					
Last Name		First Name		Name used & written at school	
<input type="checkbox"/> Male	Age	Birth Date: Mo/Day/Yr	Address:	Apt#	City
<input type="checkbox"/> Female					
Existing medical conditions, medications and/or special attention your child may require:					
Allergies, Yes or No? Please Specify:			Food Restrictions?		
Pediatrician's Name		Phone		Address	
Photos: May we use photos for classroom projects, social media and other preschool events and activities?					
<input type="checkbox"/> Yes		<input type="checkbox"/> No		Comments:	
<input type="checkbox"/> Church Member <input type="checkbox"/> Current Family			How did you hear about WOL Preschool?		
<input type="checkbox"/> Alumni Family <input type="checkbox"/> New Family					

Class Options: Please check 1st & 2nd Choice

2.5 Year Old (Teddy Bears) Must be 30 months upon enrollment		Literacy Enrichment Classes
Mon./Tues. 9-11:30 (\$200/month) <input type="checkbox"/> 1 st Choice <input type="checkbox"/> 2 nd Choice	Thurs./Fri. 9-11:30 AM (\$200/month) <input type="checkbox"/> 1 st Choice <input type="checkbox"/> 2 nd Choice	<input type="checkbox"/> Wed. 9-11:30 AM (\$70/month) Alphabet Bears
3 Year Old (Guppies) Must be 3 by September 1, 2020		
Mon./Tues./Wed. 9-11:30 AM (\$250/month) <input type="checkbox"/> 1 st Choice <input type="checkbox"/> 2 nd Choice	Mon./Tues./Wed. 12:30-3 PM (\$240/month) <input type="checkbox"/> 1 st Choice <input type="checkbox"/> 2 nd Choice	<input type="checkbox"/> Thurs. 9-11:30 AM (\$70/month) Book Buddies
4 Year Old Pre-K (Turtles) Must be 4 by September 1, 2020		
Mon./Tues./Wed./Thurs. 9-11:30 AM (\$300/month) <input type="checkbox"/> 1 st Choice <input type="checkbox"/> 2 nd Choice	Mon./Tues./Wed./Thurs. 12:30-3 PM (\$280/month) <input type="checkbox"/> 1 st Choice <input type="checkbox"/> 2 nd Choice	<input type="checkbox"/> Friday 9-11:30 AM (\$70/month) Literacy Lions
4/5 Year Old Advanced Pre-K (Penguins) Must be 5 by February 2021 unless approved in advance by Director		
Mon./Tues./Wed./Thurs. 9-1:45 PM (\$480/month) <input type="checkbox"/> 1 st Choice <input type="checkbox"/> 2 nd Choice	Child is ready for extended day if they can follow directions, write their name, speak and understand English.	<input type="checkbox"/> Friday 9-11:30 AM (\$70/month) Literacy Lions

Fees to include with application (cash or check made out to Word of Life Preschool)

<input type="checkbox"/> \$85 Registration Fee
<input type="checkbox"/> \$100 Tuition Deposit

Guardian Information

1 st Primary Guardian			
Last Name	First Name	MI	Relationship to Child
Email Address: please print	Use this email for preschool news? [] Yes [] No		Primary Phone:
Occupation	Employer	Work Address	Work Phone
2 nd Primary Guardian			
Last Name	First Name	MI	Relationship to Child
Email Address: please print	Use this email for preschool news? [] Yes [] No		Primary Phone
Occupation	Employer	Work Address	Work Phone

Emergency Contacts/Authorized Pickup

(Per DCFS regulations, at least 2 emergency contacts must be provided. They will be called in the order listed if parents cannot be reached)

1 st Contact/Pickup (required)		
Name	Primary Phone	Relationship to Child
2 nd Contact/Pickup (required)		
Name	Primary Phone	Relationship to Child
3rd Contact/Pickup (optional)		
Last Name	First Name	Relationship to Child

Unauthorized Individuals (Optional if applicable)

Full Name	Relationship to Child
Full Name	Relationship to Child

Medical Consent

If first aid is needed for your child, it will be administered by the classroom teacher or director. An accident form will be completed for your review. In the case of a medical emergency, 911 will be called and your child will be taken to the nearest available hospital. In the case of an individual arriving for preschool pickup who is not on the pick-up list, the staff will contact the parent for approval. If the individual is listed on the unauthorized list the staff will call 911 to report a safety risk.

I agree that in case of an accident or injury, first aid & emergency medical care may be given to my child.

Name of Student: _____ Date: _____

Parent Signature: _____ Relation to Child: _____