

**Tuesdays**  
**9:30-11:30am**

     **Wednesdays**  
**1pm – 3pm**



**Kindergarten Enrichment Program**

First Pres Preschool & Pre-K  
715 N. Carlton Ave.  
Wheaton, IL 60187

**For Preschool Use Only**

Date App. Received: \_\_\_\_\_  
# of Application: \_\_\_\_\_  
Date of Enrollment: \_\_\_\_\_  
Date of Discharge: \_\_\_\_\_  
Wednesdays 1-3pm

Name of Child \_\_\_\_\_ (First/Last) Date of Birth \_\_\_\_\_ Gender (M/F) \_\_\_\_\_

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

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mom's Cell # \_\_\_\_\_ Dad's Cell # \_\_\_\_\_

Father's Employer / Occupation \_\_\_\_\_ Phone \_\_\_\_\_ Hours \_\_\_\_\_

Mother's Employer / Occupation \_\_\_\_\_ Phone \_\_\_\_\_ Hours \_\_\_\_\_

Currently Enrolled In Kindergarten at : \_\_\_\_\_ (Elementary School)

E-Mail Address for communications from the preschool: \_\_\_\_\_

Does the child have any special needs which might require special consideration? \_\_\_\_\_

Please explain \_\_\_\_\_

Does the child have any chronic physical condition which might interfere with attendance? \_\_\_\_\_

Please explain \_\_\_\_\_

Does the child have any food allergies? \_\_\_\_\_

Please explain \_\_\_\_\_

Please list two emergency contacts who are authorized to pick up your child and to whom your child may be released in an emergency if the parents or guardians cannot be reached.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

If you and the person above cannot be reached in an emergency situation, your signature gives the preschool staff and/or your physician the authority to take the actions necessary in the best interest of your child. These actions may include either emergency medical treatment or emergency first aid administered by one certified in first aid.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE REMEMBER TO INCLUDE YOUR ENROLLMENT FEE OF \$75 MADE PAYABLE TO FIRST PRESBYTERIAN PRESCHOOL. THANK YOU!**