

_____ Mon & Wed 9:15-11:15am

_____ Tues & Thurs 9:15-11:15am

TERRIFIC TWOS



Non-Priority Application For Preschool Use Only	
Date App. Received:	_____
# of Application:	_____
Date of Admittance:	_____
Date of Discharge:	_____
Hours of Care:	9:15-11:15am
Days of Care:	T-TH MW

FIRST PRESBYTERIAN PRESCHOOL

715 North Carlton Ave.,
Wheaton, IL 60187
630-668-5147 ext. 27
www.firstpreswheaton.org

Name of Child _____ (First/Last) Name to be used at school _____

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

Father's / Guardian's Name _____ Mother's/ Guardian's Name _____

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

Home Phone _____ Mom's Cell # _____ Dad's Cell # _____

E-Mail Address for school communication and mailings: _____

Father's Employer / Occupation _____ Phone _____ Hours _____

Mother's Employer / Occupation _____ Phone _____ Hours _____

Religious Affiliation (optional): _____

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

**Please list names and birth dates (including year) of other children in your family
In order to maintain priority status for younger siblings.**

	Name/Birth date	Name/Birth date	Name/Birth date	Name/Birth date
Younger:				
Older:				

Did any of the children listed above attend First Presbyterian Preschool? Yes _____ No _____

Marital status of parents: Married _____ Divorced _____ Widowed _____

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

Has your child ever received any early intervention services? _____

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

To what extent is your child toilet-trained? _____

How does your child react to discipline? _____

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.

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, do you give the school 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 _____

How did you find out about our program?

- Church newsletter or bulletin
 Church Website
 Other _____
 Outdoor Sign
 Yellow Pages
 Friend or Neighbor: _____
 Realtor

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

