

Monday-Friday 12:30-3pm

FABULOUS FIVES



NonPriority Application For Preschool Use Only
Date App. Received:
of Application:
Date of Admittance:
Date of Discharge:
Hours of Care: 12:30-3pm
Days of Care: Monday thru Friday

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

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

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

Home Phone Cell Phone Cell Phone

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.

Table with 5 columns: Name/Birth date, Name/Birth date, Name/Birth date, Name/Birth date, Name/Birth date. Rows for Younger and Older children.

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

Marital status of parents: Married Divorced Widowed

What other preschool programs or activities has your child attended?

Has your child ever received any early intervention services?

How does your child react to discipline? _____

How does your child get along with other children? _____

How would you rate your child's speech development and small motor skills? _____

Does your child show a desire to be independent? _____

Does your child show interest in or have emerging skills in reading and/or writing? _____

Please list a few of your child's strengths _____

In what areas of development does your child need encouragement? _____

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? _____

What elementary school will your child be attending? _____

Please list **local** persons 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 _____ 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 CHURCH. THANK YOU!

