

_____ AM (4 Day M-TH)
 _____ AM (3 Day MWTH)
 _____ PM (4 Day M-TH)
 _____ PM (3 Day MWTH)

FOUR YEAR OLD PROGRAM



715 N. Carlton Ave. Wheaton, IL 60187
630-668-5146 x27 www.firstpreswheaton.org

**Non-Priority Application
For Preschool Use Only**

Date App Received: _____
 Enrollment Check #: _____
 Date of Admittance: _____
 Date of Discharge: _____
 Hours of Care: 9-11:30am 12:30-3pm
 Days of Care: M-W-TH M-T-W-TH

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

Birth date _____ Place of Birth _____ Sex (M / F) _____

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

Home Address _____

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 your children attend First Presbyterian Preschool? Yes _____ No _____

Marital status of parents: Married _____ Divorced _____ Widowed _____

If your child did not attend First Pres Preschool last year, did your child attend another preschool program?

If so, which program and for how many years? _____

What other early education programs or activities has your child attended in the past few years?

Has your child ever received any early intervention services? Please explain _____

How does your child get along with other children? _____

How does your child react to discipline? _____

Does your child show a desire to be independent? _____

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? _____

How do you expect First Presbyterian Preschool to help in your child's development? _____

Please list local persons (within 10-15 miles) 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. 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 _____

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 \$100 MADE PAYABLE TO FIRST PRESBYTERIAN
PRESCHOOL. THANK YOU!**



FIRST PRESBYTERIAN CHURCH
of Wheaton