

Prefer AM (M/W/Th): _____
Prefer PM (M-Th): _____

FOUR YEAR OLD PROGRAM



Non-Priority Application For Preschool Use Only

Date App. Received: _____
of Application: _____
Date of Admittance: _____
Date of Discharge: _____
Hours of Care: _____
Days of Care: _____

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 the child's family:

(This allows us to maintain your 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 _____

What adults, other than the child's parents, live in the house? _____

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

How does the child get along with other children? _____

How does the child react to discipline? _____

Does the child show a desire to be independent? _____

To what extent is the child toilet-trained? _____

How would you rate the child's speech development? _____

Does the child have any special needs which might require special consideration? _____ Explain _____

Does the child take any medication? _____ Explain _____

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

Explain _____

Allergies? _____ Explain _____

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 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 _____

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
Referred by _____ Realtor

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

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