

Prefer AM Three Day (M/W/F): \_\_\_\_\_  
 Prefer AM Two Day (T/Th): \_\_\_\_\_

**THREE YEAR OLD PROGRAM**



<b>Non-Priority Application For Preschool Use Only</b>	
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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