

ENROLLED TO ATTEND
(circle one)
M-W-F A.M. (4's only)
T-Th A.M. (3's only)
M-Th P.M. (3-5)
M-F A.M. (4's only)

GRACETM

Pre-School

1624 East Euclid Avenue
Mount Prospect, Illinois 60056
824-7408

Starting Date _____

Last Date _____

REGISTRATION FORM

\$50.00 registration fee required with application

Child's Name _____ Name to be
Called at school _____

Sex M F Age _____ Birthdate _____ Place of birth _____

Home Address _____ City _____ Zip _____

Home Telephone Number _____ Cell Phone Number _____

Mother _____ Stepmother _____ Guardian _____ Email: _____

Name _____ Work phone (if employed) _____

Place Employed _____ Occupation _____

Father _____ Stepfather _____ Guardian _____ Email: _____

Name _____ Work phone _____

Place Employed _____ Occupation _____

Legal Guardian (if other than parent) _____ Phone _____

In case of emergency, three person to be contacted, if parents cannot be reached.

Name _____ Phone _____

Address _____ Relationship _____

Name _____ Phone _____

Address _____ Relationship _____

Name _____ Phone _____

Address _____ Relationship _____

Physician's Name _____ Phone _____

Address _____

RELEVANT BACKGROUND INFORMATION

Names of other children in family
NAME

AGE

SEX

Other members of household (other than parents)--include relationship and age:

Are parents living together? _____

Religion _____ Church _____

If child is adopted, age at adoption _____ Does child know? _____

What language is spoken in home, if other than English? _____

Does your family eat together? _____ Is s/he a slow eater? _____

Does child spend time alone with father and/or mother? _____

How? _____

Does your child watch TV? _____ How much? _____

Favorite programs _____

What are your child's favorite:

Indoor play activities? _____

Outdoor play activities? _____

Does s/he hear stories? _____ Told by whom? _____

What kind of stories does your child enjoy? _____

Does s/he enjoy singing? _____ Does s/he enjoy music? _____

Does your child have any special fears that you are aware of? _____

Does child have any speech problems? _____

Does child have any physical problems, health problems, or allergies? _____

Parent's Signature _____ Date _____

Does child have any other problems we should be aware of? _____

Has your child had any serious illnesses, operations, accidents or hospital experiences? _____

What method of behavior control is used in your home? _____

What is your child's usual reaction? _____

How would you describe your child's personality? _____

Is child friendly and cooperative? _____ with adults? _____ with children? _____

Does your child have own room? _____ If not, shares with whom? _____

Is s/he a good sleeper? _____ Does s/he nap? _____

At what age did child walk? _____ Talk? _____

At what age was child toilet trained? _____

Does child need reminders? _____ What terminology does child use? _____

Has child had play group experience? _____ Where? _____

Describe _____

Is there something specific you want your child to get out of preschool?

Parent's signature _____ Date _____

RELEASE FORMS

EMERGENCY MEDICAL CARE

This authorizes GRACE PRE-SCHOOL, its staff or designated agents, to secure EMERGENCY medical care for my child when I/we cannot be immediately reached at the time of emergency. I/we will be responsible for the emergency medical charges incurred. The name, address, and telephone number of my child's doctor is on file with Grace Pre-School. I understand that my child may be transferred to the nearest emergency facility by public safety officials or the staff of Grace Pre-School.

Signature of Parent/Guardian _____ Date _____

Relationship to child _____

Signature of Parent/Guardian _____ Date _____

Relationship to child _____

TRIPS, EXCURSIONS, AND PUBLIC PARK FACILITIES

I/we authorize GRACE PRE-SCHOOL, its staff or designated agents, to take my child on walking trips, special excursions, and to nearby public park facilities. I/we also authorize the child to ride as a passenger in the vehicle owned or leased by the above-name person(s). I/we understand all such trips are under the supervision of the above-named person(s) and that health and safety precautions are taken in compliance with DCFS standards for licensure.

Signature of Parent/Guardian _____ Date _____

Relationship to child _____

Signature of Parent/Guardian _____ Date _____

Relationship to child _____

CHILD PICKUP CONSENT

The following designated people, other than the parents, are allowed to pickup your child. Staff members must be informed beforehand if anyone is picking up your child other than regular car pool parents. You may add or subtract from this list at any time.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Signature of Parent/Guardian _____ Date _____

Relationship to child _____

Signature of Parent/Guardian _____ Date _____

Relationship to child _____