

**Hinsdale Covenant Church Preschool
Application for Admission 2012-2013**

Registration fee of \$75.00 is non-refundable and is due when submitting application.
Children MUST be toilet trained.

(All morning sessions are 8:50 to 11:20. All afternoon sessions are 12:20 to 2:50.)

THREE YEAR OLD PROGRAM	<input type="checkbox"/> Tuesday, Thursday AM	<input type="checkbox"/> Mon, Wed, Fri PM
	<input type="checkbox"/> Mon, Wed, Fri AM	<input type="checkbox"/> Mon, Wed, Fri PM
FOUR YEAR OLD PROGRAM	<input type="checkbox"/> Mon, Wed, Fri AM	<input type="checkbox"/> Mon, Wed, Fri PM
	<input type="checkbox"/> Mon through Fri AM	<input type="checkbox"/> Mon through Fri PM
PRE-K PROGRAM	<input type="checkbox"/> Mon through Fri AM	<input type="checkbox"/> Mon through Fri PM

EXTENDED DAY (for am 4s and am pre-K only) Wednesdays, 11:20 to 1:20

TUITION

Tues, Thurs Threes	\$1800.00 annual,	\$900.00 semi-annual,	\$200.00 monthly
Mon, Wed, Fri Threes	\$2340.00 annual,	\$1170.00 semi-annual,	\$260.00 monthly
Mon, Wed, Fri Fours	\$2340.00 annual,	\$1170.00 semi-annual,	\$260.00 monthly
Mon through Fri Fours	\$3330.00 annual,	\$1665.00 semi-annual,	\$370.00 monthly
Mon through Fri Fives	\$3600.00 annual,	\$1800.00 semi-annual,	\$400.00 monthly

Wednesday only
extended day
for 4s or pre-K \$825.00 annual, \$413.00 semi-annual, \$92.00 monthly

The initial tuition installment of at least one month's payment is due on May 1, 2012.
September's tuition payment is nonrefundable after June 1, 2012.

THE CHILD

Child's Name _____ Home Phone _____

Address _____

Date of birth _____ Place of birth _____ Sex _____

Name you prefer child to be called _____

What is your child's favorite activity? _____

What is your child's least favorite activity? _____

Has your child been involved in other child-oriented groups? i.e. Sunday School, play groups, story time, etc? Please list and describe: _____

Does your child have any special friends? Please describe: _____

Are there any foods that your child cannot eat? _____ Please list: _____

Please describe your child's health in general over the last year: _____

Are there any medical precautions for your child that we should be aware of? _____

Please describe: _____

CHILD'S PHYSICIAN

Physician's name _____ Phone _____

Physician's address _____

THE PARENTS AND FAMILY

Mother's Name _____ Home Phone _____

Address (if different than child's) _____

Business name and address (if applicable) _____

Business work hours _____ Business phone _____ Cell phone _____

E-mail address _____

Father's Name _____ Home Phone _____

Address (if different than child's) _____

Business name and address _____

Business work hours _____ Business phone _____ Cell phone _____

What is the marital status of the child's parents? _____

Are there other adults living in the household? _____ Please identify _____

Please list any siblings and their ages:

Name	Sex	Age	Name	Sex	Age
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Does your child have a primary caregiver other than the parent's _____ Please identify _____

Are there any pets? _____ Please describe _____

Religious affiliation/home church _____

EMERGENCY CONTACT AND AUTHORIZED PICK-UP AUTHORIZATION

Please list all names, addresses and telephone numbers of persons (other than parents) authorized to pick up your child. (This is required by DCFS. Please fill out completely.)

Name	Address	Phone Number	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CONSENT I give my consent to Hinsdale Covenant Preschool for my child _____

- ___ To be given emergency first aid, if necessary
- ___ To take walks or field trips with Hinsdale Covenant Preschool with the understanding that such field trips are under the supervision of authorized personnel. I understand that all trips will require a special permission slip that will be sent home prior to the scheduled trip.
- ___ That Bible stories and Bible songs are part of the curriculum of Hinsdale Covenant Preschool and that prayer is said daily at snack time.
- ___ That consistently being late picking up my child could result in a late fee charge of \$5.00 for every 5 minutes past regular pick up time.
- ___ That emergency contacts will be called if my child is not picked up within 30 minutes of regular pick up time, and that the Hinsdale police will be called if no contact can be made with parents or emergency numbers within 1 hour and 30 minutes of regular pick up time.

Signature of Parent

Date

Office Use Only: Application date _____ Check # _____ Amount _____
 Covenant Church family _____ Currently enrolled family _____ Returning family _____
 New to Program _____ Admission Date _____ Discharge Date _____