

**Hinsdale Covenant Church Preschool
Application for Admission 2012-2013
for the 2-year old program**

Registration fee of \$75.00 is non-refundable and is due when submitting application.
Children do *not* need to be toilet-trained for this program,
and must be two years old by September 1, 2012.

TWO YEAR OLD PROGRAM: Tuesday, Thursday mornings, 8:50 to 11:20

TUITION: \$1800.00 annual, \$900.00 semi-annual, \$200.00 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 _____

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 our 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 _____