



# APPLICATION AND ENROLLMENT FORM - Western Springs

School Year 20\_\_\_\_/20\_\_\_\_\_

Age\_\_\_\_\_ CR\_\_\_\_\_

I have spoken with the Director/Assistant Director and I am aware of my tuition obligation via Tuition Express. Enrollment fees are non refundable and any deposits securing future enrollment are non refundable. In order to claim a "vacation" week during the academic school year, I must attend for 12 consecutive months.

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Child's Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phones: \_\_\_\_\_

Food allergies or medical diagnosis \_\_\_\_\_ Start Date: \_\_\_\_\_

- I understand that tuition is paid via Tuition Express which will automatically debit my checking/savings account.
- I do NOT want my child's name, address & phone number on the class list.
- I do NOT want my child's photograph to be posted on-line or in the local papers.

E-Mail Address: \_\_\_\_\_

*I have enclosed my \$75 enrollment fee and one period of tuition per the fee sheet.*

Put a check next to your class choice:

<u>Morning Preschool 2.5 hours per day</u>		
<input type="checkbox"/>	Pre K	5 Days Mon. through Fri
<input type="checkbox"/>	3 by Sept. 1st	3 Days Mon., Wed., Fri.
<input type="checkbox"/>	2's are Grand	2 Days Tues. & Thurs.

<u>Afternoon Preschool 2.5 hours per day</u>		
<input type="checkbox"/>	Pre K	5 days Mon. through Fri.
<input type="checkbox"/>	Pre K	4 days varies
<input type="checkbox"/>	3 by Sept. 1st	3 days Mon., Wed., Fri.

Circle the desired days of All Day Preschool below:

<b>All Day Preschool 6:30am-6:00 pm</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>
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*\* Varied schedules at each location, dependent upon enrollment needs. Call for more information.*

How did you hear about us? \_\_\_\_\_

What elementary school will/does your child attend? \_\_\_\_\_ Fall grade \_\_\_\_\_

Siblings/birthdates: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY	
\$75 Enrollment Fee _____	FALL P/S Pre-payment _____
\$75 Enrollment Fee _____	D.C. Sec. Deposit _____
T-Shirt _____ Bag _____	Last Day of Attendance _____
Authorizations _____ Biography _____	Birth Certif. _____ Medical _____ TE _____

(PLEASE RETURN THIS SHEET TO THE GRAND AVENUE OFFICE)



*Authorized Regular Pick-Up List ( Parents and Care Taker)*

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

*Contingency Pick-up List (someone local: i.e. relative, neighbor, etc.)*

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

*Emergency Contact List (can be someone out of town)*

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

*Persons NOT PERMITTED to pick up child*

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

MOTHER'S Name \_\_\_\_\_ Marital Status \_\_\_\_\_  
Home Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_  
Mother's Employer \_\_\_\_\_ Occupation \_\_\_\_\_

FATHER'S Name \_\_\_\_\_ Marital Status \_\_\_\_\_  
Home Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_  
Father's Employer \_\_\_\_\_ Occupation \_\_\_\_\_

**Parent Phone Numbers:** Please list in order of priority, e.g. Mom work: 708-333-3333

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Child's Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Child's Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_