



# APPLICATION AND ENROLLMENT FORM - Western Springs

School Year 20\_\_\_\_/20\_\_\_\_\_ For Office Use: A\_\_\_\_\_ 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 \_\_\_\_\_

Mom Cell Phone: \_\_\_\_\_ Dad Cell Phone: \_\_\_\_\_

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

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

- 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.

Upon receipt of your application, further instructions and payment information will be mailed or emailed to you. Please call 708 246-2270 or email us at gappreschool@gmail.com with questions. Spots are not confirmed until deposits are paid.

<u>Morning Preschool</u>		
Pre K	5 Days	Mon. through Fri
Pre K	4 Days	Varies
3 by Sept. 1st	3 Days	Mon., Wed., Fri.
2's are Grand	2 Days	Tues. & Thurs.

<u>Afternoon Preschool</u>		
Pre K	5 days	Mon. through Fri.
Pre K	4 days	Varies
3 by Sept. 1st	3 days	Mon., Wed., Fri.

Select the desired days of All Day Preschool below:

All Day Preschool	Mon	Tues	Wed	Thurs	Fri
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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: Checking this box confirms my signature \_\_\_\_\_ Date \_\_\_\_\_

<b>OFFICE USE ONLY</b>					
Enrollment Fee _____	FALL P/S Pre-payment _____	D.C. Sec. Deposit _____			
T-Shirt _____	Bag _____	Last Day of Attendance _____			
Authorizations _____	Biography _____	Birth Certif. _____	Medical _____	HH _____	TE _____ DC Rel. _____

(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

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|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

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

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