

# Registration for Preschool

2012-2013 School Year

Prince of Peace Preschool  
930 W. Higgins Rd.  
Schaumburg, IL 60195  
(847) 885-7036  
(847) 885-7010 (Church #)  
(847) 885-0211 (FAX #)

\_\_\_\_ Confirmation letter  
\_\_\_\_ Tuition Discount

**For Office Use Only:**

Starting Date: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_

Registration Fee: \_\_\_\_\_

Check #: \_\_\_\_\_ Date: \_\_\_\_\_

Advance Tuition Deposit: \_\_\_\_\_

Check #: \_\_\_\_\_ Date: \_\_\_\_\_

Copy of Birth Certificate \_\_\_\_\_

*Children must be the appropriate age for their class on or before September 1, 2012.*

Advance tuition deposit is refundable up until September 15, 2012 with prior written notice. No exceptions will be made.

Special Requests: \_\_\_\_\_

## Class Offerings

\_\_\_\_ Pre 3 M-W (3 after 9/1/12-1/31/13)

9:15-11:15 AM Sept.—Dec. \$140.00  
9:00-11:30 AM Jan—May \$160.00

\_\_\_\_ M-W-F (3 & 4 yr. olds) 9:00-11:30AM  
Multi-Age Class \$190.00

\_\_\_\_ M-W-F (3 & 4 yr. olds) 12:30-3:00PM  
Multi-Age Class \$190.00

\_\_\_\_ M-W-F (4 year olds) 9:00-11:30AM  
\$190.00

\_\_\_\_ M-W-F Bridging Class 9:00-11:30AM  
(5 after 9/1/12—1/31/13) \$195.00

\* Additional Classes may be added as needed. Please see the Director with any questions or concerns.

**Registration Fee: Must accompany form.**  
**Non-refundable Registration Fee: \$75.00/individual**  
**\$105.00/family**

**Checks payable to : Prince of Peace Preschool**

Child's Full Name: \_\_\_\_\_ Sex: M / F Nickname: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zipcode: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone:(\_\_\_\_\_) \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Parent's Marital Status: \_\_\_\_\_

Mother's and Father's Full Names: \_\_\_\_\_  
Mother Father

Father's Occupation: \_\_\_\_\_ Employed by: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Employed by: \_\_\_\_\_

Work Phone:(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Mother Father

Cell Phone:(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Mother Father

E-mail address for parents \_\_\_\_\_

Name, Address and Phone of Neighbors or Relatives to be called in Case of Emergency and Authorized to Pick Up my child. Please list at least two local numbers and include area code. (Additional names may be added throughout the year on page 2 of this form.)

1. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

2. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Name and phone # of Child's Physician: \_\_\_\_\_

Previous preschool experience: \_\_\_\_\_

Does your child favor right hand? left hand? \_\_\_\_\_

Names and ages of other children in the family: \_\_\_\_\_

Goals you have for your child in this preschool program: \_\_\_\_\_

Use the space below to provide any additional information, or to explain any special circumstances: \_\_\_\_\_

Name of Church you attend: \_\_\_\_\_ Are you members? \_\_\_\_\_

**Additional people authorized to be called in Case of Emergency and to Deliver and Pick Up my child from school. This list may be added to throughout the school year. Please include their telephone number and area code:**

1 \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

2 \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

3 \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

4 \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

**Consents:**

• **Emergency Medical Care**

This authorizes Prince of Peace, 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. I/we understand that my child may be transferred to the nearest emergency facility by public safety officers or the staff or agents of Prince of Peace.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

• **Outings, Excursions, and Field Trips**

I/we authorize Prince of Peace, its staff or agents to take my child on walking trips, excursions, and/or field trips.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

• **Photography Release**

I/we authorize Prince of Peace, its staff or agents to take pictures, videotapes, and/or slides of my child for use in presentations, other reasonable advertising promotions, and educational activities without compensation.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_