



### 2022-2023 PreSchool Registration

#### Student 1

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date of birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ PK 3/4 \_\_\_\_\_ PK 4/5 \_\_\_\_\_

Monday – Friday 8:00 am -2:00 pm \_\_\_\_\_ (\$620.40/month September-May)

Monday – Friday 8:00 am -11: 00 am \_\_\_\_\_ (\$376.20/month September-May)

Monday – Thursday (4/5 year olds) 8:00 am -2:00 pm \_\_\_\_\_ (\$517.44/month September-May)

Monday – Thursday (4/5 year olds) 8:00 am -11: 00 am \_\_\_\_\_ (\$301.00/month September- May)

Monday-Wednesday- Friday (3/4 year olds) 8:00 am – 2:00 pm \_\_\_\_\_ (\$388.00/month September-May)

Monday-Wednesday- Friday (3/4 year olds) 8:00 am – 11:00 am \_\_\_\_\_ (\$225.72/month September-May)

Tuesday & Thursday (3/4 year olds) 8:00 am – 2:00 pm \_\_\_\_\_ (\$274.08/month September -May)

Tuesday & Thursday (3/4 year olds) 8:00 am – 11:00 am \_\_\_\_\_ (\$235.00/month September – May)

#### Student 2

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date of birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ PK 3/4 \_\_\_\_\_ PK 4/5 \_\_\_\_\_

Monday – Friday 8:00 am -2:00 pm \_\_\_\_\_ (\$620.40/month September-May)

Monday – Friday 8:00 am -11: 00 am \_\_\_\_\_ (\$376.20/month September-May)

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**PARENT 1**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

**PARENT 2**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

**REQUIRED DOCUMENTS TO BE ON FILE WITH SCHOOL**

ORIGINAL STATE ISSUED BIRTH CERTIFICATE (WE WILL MAKE A COPY AND RETURN BUT MUST SEE THE ORIGINAL)  
BAPTISMAL CERTIFICATE (COPY IS SUFFICIENT)

**HEALTH REQUIREMENTS**

**Preschool 3 yr old students**

- State of Illinois Physical Form, the provider must complete the "Diabetes Screening" and "Lead Risk Questionnaire" portions of the form.
- A complete record of immunizations as required by Illinois Department of Public Health.

**Preschool 4 yr old students (exempt if former Preschool 3 yr old student)**

- State of Illinois Physical Form, the provider must complete the "Diabetes Screening" and "Lead Risk Questionnaire" portions of the form.
- A complete record of immunizations as required by Illinois Department of Public Health.

**SCHOOLSPEAK PROFILE UPDATE**

- Review phone numbers for accuracy
  - Mobile
  - Work
  - Emergency contact
- Review medical information
- Update signature date

**FACTS REGISTRATION**

- Monthly Payment plan
- Financial Aid Application if desired.

Parent Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

ROOTED IN FAITH