



2024-2025 PreSchool Registration

Student 1

Last Name _____ First Name _____

Home Address _____ City _____ Zip _____

Date of birth _____ Male _____ Female _____ PK 3 _____ PK 4 _____

Monday – Friday 8:00 am -2:00 pm _____ (\$670/month Aug-May)

Monday – Friday 8:00 am -11: 00 am _____ (\$405/month Aug-May)

Monday – Thursday (4 year olds) 8:00 am -2:00 pm _____ (\$560/month Aug-May)

Monday – Thursday (4 year olds) 8:00 am -11: 00 am _____ (\$325/month Aug- May)

Monday-Wednesday- Friday (3 year olds) 8:00 am – 2:00 pm _____ (\$420/month Aug-May)

Monday-Wednesday- Friday (3 year olds) 8:00 am – 11:00 am _____ (\$245/month Aug-May)

Tuesday & Thursday (3 year olds) 8:00 am – 2:00 pm _____ (\$295/month Aug -May)

Tuesday & Thursday (3 year olds) 8:00 am – 11:00 am _____ (\$255/month Aug – May)

Student 2

Last Name _____ First Name _____

Home Address _____ City _____ Zip _____

Date of birth _____ Male _____ Female _____ PK 3 _____ PK 4 _____

Monday – Friday 8:00 am -2:00 pm _____ (\$670/month Aug-May)

Monday – Friday 8:00 am -11: 00 am _____ (\$405/month Aug-May)

Monday – Thursday (4 year olds) 8:00 am -2:00 pm _____ (\$560/month Aug-May)

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Tuesday & Thursday (3 year olds) 8:00 am – 11:00 am _____ (\$255/month Aug – May)

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.

FACTS 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