



Registration for Preschool 2018-2019 School Year

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

Class Offerings

_____ Young 3's M-W-F 9:00-11:30 AM
(3 by 1/31/19) \$205.00/month

_____ Young 3's T-TH 9:00-11:30 AM
(3 by 1/31/19) \$140.00/month

_____ 3's M-W-F 9:00-11:30 AM
(3 by 9/1/2018) \$205.00/month

_____ 3's T-TH 9:00-11:30 AM
(3 by 9/1/2018) \$140.00/month

_____ 3's M-W-F *12:45-3:15PM
(3 by 9/1/2018) \$205.00/month

* If the PM section does not have a minimum of 6 students, we will combine the 3's with our 4's PM section into a multi-age class.

For office use only:

Starting Date: _____ Withdrawal Date: _____

Registration Fee: _____ Check #: _____ Date: _____

Advance Tuition Deposit: _____ Check #: _____ Date: _____

Tuition Discount _____

Confirmation Letter _____ Date _____

Summer Packet _____

Non-refundable Registration Fee must accompany form. \$85.00/individual \$115.00/family

Advance Tuition deposit is refundable until September 15, 2018 with prior written notice.

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

Name and phone # of child's physician _____

Primary email for school communications _____

Name on primary email account _____

Any additional email(s) (parent, caregivers, grandparents) _____

Name on additional email(s) _____

Everyone will receive emails with all school communications. Please indicate if you would also like hard copies of newsletters, important reminders etc. Yes _____ No (email only) _____

Previous preschool experience: _____

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

Special Requests: _____

These people are authorized to drop-off and pick-up my child from school, in case of emergency. Please list at least two local numbers and area code. (Add'l names may be added throughout the year)

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: _____

