



# Registration for Kindergarten 2017-2018 School Year

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

**For office use only:**

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

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

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

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

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

Consumable Materials Fee: \_\_\_\_\_

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

Confirmation Letter: \_\_\_\_\_ Date: \_\_\_\_\_

Summer Mailing: \_\_\_\_\_

<p>_____ Kindergarten Class \$385/month</p> <p><b>\$80/individual or \$110/family nonrefundable registration fee (must accompany form)</b></p> <p><b>\$100.00 Consumable Materials/Technology Fee (due by 9/15/17)</b></p> <p>_____ STEM Enrichment \$120/month</p>	<p>8:45 AM-3:15 PM M-W-F Lunch and Snack included.</p> <p>9:00-11:30AM T-TH</p> <p><b>We need to have a firm commitment for our Kindergarten and Enrichment Extension programs by April 15, 2017.</b></p> <p><b>Advance tuition is refundable until May 31, 2017 with prior written notice.</b></p> <p><b>Checks made payable to : <u>Prince of Peace Preschool</u></b></p>
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*Please bring in a copy of your child's Birth Certificate at the time of registration. All students must be 5 years old by 9/1/17.*

*Kindergarten students will need an Eye Exam and a Dental Exam. Forms are available at the Welcome Center.*

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: \_\_\_\_\_

Account holder for primary email: \_\_\_\_\_

Any additional emails (parent, caregivers, grandparents): \_\_\_\_\_

Account holder(s) for 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) \_\_\_\_\_

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: \_\_\_\_\_





