



# Registration for Preschool 2017-2018 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 1/31/18) \$205.00/month

\_\_\_\_\_ Young 3's T-TH 9:00-11:30 AM  
(3 by 1/31/18) \$140.00/month

\_\_\_\_\_ 3's M-W-F 9:00-11:30 AM  
(3 by 9/1/2017) \$205.00/month

\_\_\_\_\_ 3's T-TH 9:00-11:30 AM  
(3 by 9/1/2017) \$140.00/month

\_\_\_\_\_ 3's M-W-F \*12:45-3:15PM  
(3 by 9/1/2017) \$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. \$80.00/individual \$110.00/family**

**Advance Tuition deposit is refundable until September 15, 2017 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: \_\_\_\_\_

