



Registration for Summer Enrichment Program 2018

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

Payment will be collected before the program starts based upon the number of days that your child participates in the Extended Day Enrichment Program.

Refunds will not be given for absences.

Additional days can be added with availability .

Tuesday, Wednesday, Thursday August 7-9

9:00 a.m.—12:00 p.m.

\$35/day or \$90 for the week

Tuesday, Wednesday, Thursday August 14-16

9:00 a.m.—12:00 p.m.

\$35/day or \$90 for the week

Dates (please select)

Week 1:

Aug 7 _____ Aug 8 _____

Aug 9 _____

Week 2:

Aug 14 _____ Aug 15 _____

Aug 16 _____

For Office Use Only:

Start Date: _____

Withdrawal Date: _____

Registration Fee: _____

Check #: _____

Date: _____

Checks payable to:

Prince of Peace Preschool

Registration fee: \$10.00

Children must be three years old by

September 1, 2017

Child's Full Name _____ Sex: M / F Nickname: _____

Address: _____ City: _____ Zip code: _____

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:(____) _____ Work Phone: Father(____) _____

E-Mail address _____

Name of Church you attend: _____ Are you members? _____

Name, Address and Phone of Neighbors or Relatives in Case of Emergency: **Emergency Contacts should be listed as authorized to drop-off and pick up child, below on this form. Please list at least two local numbers and include area code:**

1. _____ (_____) _____

2. _____ (_____) _____

3. _____ (_____) _____

Cell phone # for Parents: Mom (_____) _____ Dad (_____) _____

Name and phone # of Child's Physician: _____

Previous preschool experience: _____

Does your child favor his right hand ? Or left hand? _____

Names and ages of other children in the family: _____

Does your child have any allergies? If yes , please list _____

Does you child have any medical conditions? _____ Explain, _____

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

• **Emergency Medical Care / Consent**

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 / Consent**

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: _____

• **Photography Release / Consent**

I/we authorize Prince of Peace , its staff or agents to take pictures, videotapes, and/or slides of my child **for use in** presentations, other reasonable advertising promotions, and educational activities without compensation.

Signature of Parent/Guardian: _____ Date: _____

Relationship to child: _____