



Registration for Kindergarten 2019-2020 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: _____

_____ Kindergarten Class \$390/month	8:45 AM-3:15 PM M-W-F Lunch and Snack included.
\$85/individual or \$115/family nonrefundable registration fee (must accompany form)	
\$100.00 Consumable Materials/Technology Fee (due by 9/16/19)	
_____ STEAM Enrichment \$130/month	9:00-11:30AM T-TH
We need to have a firm commitment for our Kindergarten and Enrichment Extension programs by April 15, 2019.	
Advance tuition is refundable until May 31, 2019 with prior written notice.	
Checks made payable to : <u>Prince of Peace Preschool</u>	

Please bring in a copy of your child's Birth Certificate at the time of registration. All students must be 5 years old by 9/1/19.

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: _____