



Registration for Kindergarten 2020-2021 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 \$400/month</p> <p>\$95/individual or \$125/family nonrefundable registration fee (must accompany form)</p> <p>\$100.00 Consumable Materials/Technology Fee (due by 9/16/20)</p> <p>_____ STEAM Enrichment \$140/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>We need to have a firm commitment for our Kindergarten and STEAM programs by April 15, 2020.</p> <p>Advance tuition is refundable until May 31, 2020 with prior written notice.</p> <p>Checks made payable to : <u>Prince of Peace Preschool</u></p> <p>T-Shirt size: XS S M L</p>
--	---

Please bring in a copy of your child's Birth Certificate at the time of registration. All students must be 5 years old by 9/1/20.

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) Please note that it is DCFS policy for any authorized person other than parents to have an ID on file with the school.

	Name	Relationship to child	Phone number
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: _____