



# Registration for Preschool 2021-2022 School Year 4 Year Old & Bridging Programs

Prince of Peace Preschool &  
Kindergarten  
930 W. Higgins Rd.  
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: \_\_\_\_\_

Tuition Discount \_\_\_\_\_

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

Summer Packet \_\_\_\_\_

**Non-refundable Registration Fee must accompany form. \$105.00/individual \$135.00/family**

**Checks payable to : Prince of Peace Preschool**

**T-Shirt size: XS S M L**

## Class Offerings

_____ 4's M-W-F	9:00-11:30 AM \$230/month
_____ 4's M-W-F	*12:45-3:15 PM \$230/month
_____ Bridging M-W-F	9:00-11:30 AM \$230/month
* If the PM section does not have a minimum of 6 students, we will combine the 4's with our 3's PM section into a multi-age class.	
_____ STEAM Enrichment T-TH	9:00-11:30 AM \$155/month

**To participate in STEAM Enrichment students must be enrolled in M-W-F classes.**

*Children must be the 4 years old on or before September 1, 2021. Bridging students turn 5 before January 31, 2022.*

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

	<b>Name</b>	<b>Relationship to child</b>	<b>Phone number</b>
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: \_\_\_\_\_