



Registration for Preschool 2021-2022 School Year Young 3 & 3 Year Old 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 _____

Class Offerings

_____ Young 3's M-W-F 9:00-11:30 AM
\$230.00/month

Young 3's students must be 2 years 6 months to enroll and no birthdays after May 1st will be accepted

_____ 3's M-W-F 9:00-11:30 AM
(3 by 9/1/2021) \$230.00/month

Nonrefundable 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

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.

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: _____

