

Westminster Preschool

APPLICATION FOR ENROLLMENT

Date _____ Start/End Date _____ Birth date _____

Child's Name _____ Nickname _____

Address _____

_____ Zip _____ Phone # _____

Birthplace _____ SS# _____ Male/Female (circle) _____

.....
Mother/Guardian's Name _____ SS# _____

Home Address _____

_____ Zip _____

Home Phone _____ Cell Phone _____

Occupation _____ Employer _____

Work Address _____ Phone _____

Work Hours _____ Driver's License # _____

Marital Status _____

.....
Father/Guardian's Name _____ SS# _____

Home Address _____

_____ Zip _____

Home Phone _____ Cell Phone _____

Occupation _____ Employer _____

Work Address _____ Phone _____

Work Hours _____ Driver's License # _____

Marital Status _____

.....
Physician _____ Phone _____

Physician Address _____

Hospital _____

.....

IN CASE OF EMERGENCY, NAME TWO LOCAL PERSONS WHO

WILL ASSUME RESPONSIBILITY FOR YOUR CHILD IF YOU

CANNOT BE REACHED:

Name _____

Daytime Phone _____ Evening _____ Cell _____

Address _____

Driver's License # _____ State _____

Relationship to Child _____

Name _____

Daytime Phone _____ Evening _____ Cell _____

Address _____

Driver's License # _____ State _____

Relationship to Child _____

(Please complete both sides)

PERSONS AUTHORIZED TO PICK UP YOUR CHILD OTHER THAN PARENTS:

Name _____ Phone _____
Address _____
Driver's License # _____ State _____
Relationship to Child _____

Name _____ Phone _____
Address _____
Driver's License # _____ State _____
Relationship to Child _____

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_____ **4-Day Program (3 and 4 year old class):**

Session: Monday – Thursday 9:00 a.m. – 11:30 a.m.

\$165.00 per month

School Calendar: September - May

Monday after Labor Day – Friday before Memorial Day

All information must be filled out completely and will be kept confidential.

A \$75 non-refundable registration/supply fee and one month's tuition is due upon registration. Return form and fee to:

Westminster Presbyterian Church
2821 Bell School Road
Rockford, IL 61107
815.282.1500

Signature Parent/Guardian

Date

For Office Use Only:

Registration fee Paid _____

Date

Cash _____ Check # _____