KINGSWOOD PRESCHOOL
401 WEST DUNDEE ROAD
BUFFALO GROVE, IL 60089 847.398.0770
APPLICATION FOR ADMISSION (2010-2011)

Child's Legal Name: _____ Sex: M F Date of Birth _____
First Middle Last Mo/Day/Year

Address:_____ City/State/ZIP _____

Home Phone: _(_____)_____Primary Language Spoken at Home _____

Parents' Names _____

Name you would prefer your child be called, to recognize and learn to write:

_____

Mother's Employer: _____(_____)_____
Name & Address of Co. Hours Phone

Father's Employer: _____(____)_____
Name & Address of Co. Hours Phone

Names and Ages of Brothers and Sisters: _____

Child's previous experience in child care, group setting or preschool:

Where and how long? _____

Does your child have any physical or behavioral difficulties of which we should be aware? (Example: shyness, aggressiveness, etc.) _____

_____
Use back if necessary

What are you looking for in a preschool program for your child? _____

_____

How did you hear about our program? (Yellow pages, church member, friend?) _____

If a friend, who may we thank? _____

The Kingswood Preschool board is looking for some new board members. Would you be interested in learning more about the board? Yes _____ No _____

Class Preference:
Three Years Old: T/Th AM ____ T/Th PM ____ Four Years Old: M/W/F AM ____ M/W/F PM _____

PLEASE NOTE: Children must be three or four years old by September 1 of the year they begin our program.

PARENT'S SIGNATURE _____ DATE _____

For Office Use Only

Enrollment Fee Paid* _____ ($90.00/Per Child)
*This fee is non-refundable and must be paid when application is submitted.

Check # _____ Date _____