

KINGSWOOD PRESCHOOL
401 WEST DUNDEE ROAD
BUFFALO GROVE, IL 60089 847.666.4092
APPLICATION FOR ADMISSION (2012-2013)

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

Parents' Names _____

Address: _____ City/State/ZIP _____

Home Phone: _____ Email Address _____

Primary Language Spoken at Home _____

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, internet, 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 _____

PARENT'S SIGNATURE _____ DATE _____

Enrollment Fee Paid* _____ (\$90.00/Per Child) Check # _____ Date _____

*This fee is non-refundable and must be paid when application is submitted.

Two payment options available:

1. Monthly payments due on the 1st of each month (**first payment due no later than May 1, 2012**) with the remaining payments due September 1, 2012 – April 1, 2013.
2. Receive a 5% discount by making 3 payments. Due May 1st 2012, November 15th 2012, and February 15th 2013.