

KINGSWOOD PRESCHOOL SUMMER CAMP
401 WEST DUNDEE ROAD
BUFFALO GROVE, IL 60089 847.666.4092
APPLICATION FOR ADMISSION SUMMER 2012

Child's Legal Name: _____ Sex: M F Date of Birth _____

Parents' Names _____
First Middle Last Mo/Day/Year

Address: _____ City/State/ZIP _____

Home Phone: _____ Email Address _____

Primary Language Spoken at Home _____

Name you would prefer your child be called:

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

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

If a friend, who may we thank? _____

PARENT'S SIGNATURE _____ DATE _____

For Office Use Only

\$399 for 6 week program: 6/14/11 - 7/21/11

\$199 due at time of registration. Balance to be paid by June 1st, 2012.

Summer Camp Fee Paid _____ Check # _____ Date _____
_____ Check # _____ Date _____