

# HINSDALE COVENANT PRESCHOOL

## Application for Admission 2019-2020



Child's name: \_\_\_\_\_

Child's nickname: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

### Step 1: Program Selection

Please indicate your program(s) of choice in the boxes below.

#### Two-Year-Old Programs

Tuesday/Thursday AM (\$245 monthly)

#### Three-Year-Old Programs

Tuesday/Thursday AM (\$245 monthly)

Monday/Wednesday/Friday AM (\$330 monthly)

Extended Day option 11:15 AM to 1:15 PM Wednesday (\$95 monthly)

#### Four-Year-Old Programs

Monday/Wednesday/Friday AM (\$330 monthly)

Monday through Friday AM (\$460 monthly)

Extended Day option 11:15 AM to 1:15 PM Wednesday (\$95 monthly)

#### Five-Year-Old (Pre-K) Programs

Monday through Friday AM (\$460 monthly)

Extended Day option 11:15 AM to 1:15 PM Wednesday (\$95 monthly)

#### Kindergarten Enrichment Programs

Tuesday/Wednesday/Thursday PM (\$410 monthly) 12:20 PM to 2:50 PM

Kindergarten Eat & Greet option 11:20 AM to 12:20 PM Tuesday/Wednesday/Thursday (\$80 monthly)

### Application Guidelines

Return your application to the preschool with a non-refundable registration fee of \$100 payable to Hinsdale Covenant Preschool.

Children must be toilet-trained, except children in the two-year-old program.

All morning classes are 8:45 to 11:15 AM. All afternoon classes are 12:20 to 2:50 PM.

The Extended Day option is available to children three years old and up and runs October through May.

The initial, non-refundable tuition installment of at least one month's payment is due by March 15, 2019 in order to secure your child's placement for Fall 2019. Tuition may be paid on a monthly, semi-annual or annual basis.

Once your application and registration fee have been received and processed, you will receive a confirmation of your child's registration.

Questions can be directed to Preschool Director Mary Seiferth at 630.323.2340 or [hinsdalecovenantpreschool@gmail.com](mailto:hinsdalecovenantpreschool@gmail.com)

## Step 2: Tell Us About Your Child

What is your child's favorite activity? \_\_\_\_\_

What is your child's least favorite activity? \_\_\_\_\_

Has your child been involved in other child-oriented groups (Sunday School, play groups, story time, etc.)?

Please list and describe. \_\_\_\_\_

\_\_\_\_\_

Does your child have any special friends? Please describe. \_\_\_\_\_

\_\_\_\_\_

Are there any foods your child cannot eat? \_\_\_\_\_ If so, please list. \_\_\_\_\_

\_\_\_\_\_

Please describe your child's general health over the past year. \_\_\_\_\_

\_\_\_\_\_

Are there any medical precautions for your child that we should be aware of? \_\_\_\_\_ If so, please describe.

\_\_\_\_\_

(Optional) Please include any additional information about your child that you wish to share.

\_\_\_\_\_

\_\_\_\_\_

## Step 3: Family and Caregivers

Mother's name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Address (if different from child's): \_\_\_\_\_

Business name and address (if applicable): \_\_\_\_\_

Business work hours: \_\_\_\_\_ Business phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Father's name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Address (if different from child's): \_\_\_\_\_

Business name and address (if applicable): \_\_\_\_\_

Business work hours: \_\_\_\_\_ Business phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### Step 3 Continued: Family and Caregivers



What is the marital status of the child's parents? \_\_\_\_\_

Are there any other adults living in the household? \_\_\_\_\_ If so, please identify. \_\_\_\_\_

Please list any siblings and their ages.

Name	Gender	Age	Name	Gender	Age

Does your child have a primary caregiver other than the parents? \_\_\_\_\_

If so, please identify. \_\_\_\_\_

Are there any pets? \_\_\_\_\_ If so, please describe. \_\_\_\_\_

Religious affiliation/home church: \_\_\_\_\_

### Step 4: Physician and Emergency Information/Authorization

Physician's/Practice name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's/Practice address: \_\_\_\_\_

Please list all names, addresses and telephone numbers of persons (other than parents) authorized to pick up your child (three names are required).

Name	Address	Phone Number	Relationship

## Step 5: Consent



Please initial your consent and understanding of our policies in the spaces provided below.

I give consent to Hinsdale Covenant Preschool for my child \_\_\_\_\_

\_\_\_\_\_ To be given emergency first-aid, if necessary.

\_\_\_\_\_ To take walks or field trips with Hinsdale Covenant Preschool, with the understanding that such field trips are under the supervision of authorized personnel. I understand that all trips will require a special permission slip that will be sent home prior to the authorized trip.

I understand:

\_\_\_\_\_ That Bible stories and songs are part of the curriculum of Hinsdale Covenant Preschool and that prayer is said daily at snack time.

\_\_\_\_\_ That being consistently late picking up my child could result in a late fee charge of five dollars for every five minutes past regular pick-up time.

\_\_\_\_\_ That emergency contacts will be called if my child is not picked up within 30 minutes of regular pick-up time and that the Hinsdale Police will be called if no contact can be made with parents or emergency numbers within an hour and 30 minutes past regular pick-up time.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

How did you hear about Hinsdale Covenant Preschool?

\_\_\_\_\_

### Office Use Only Please

Application Date: \_\_\_\_\_

Check #: \_\_\_\_\_

Amount: \_\_\_\_\_

Covenant Church Family: \_\_\_\_\_

Enrolled Family: \_\_\_\_\_

Returning Family: \_\_\_\_\_

New to Program: \_\_\_\_\_

Admission Date: \_\_\_\_\_

Discharge Date: \_\_\_\_\_