

**Registration Application  
 District 62 Early Learning Center  
 1375 S. Fifth Ave.  
 Des Plaines, IL 60016**

**Preschool  
 2016/2017**

Name of Child: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Child's Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ Male: \_\_\_\_\_  
 City: \_\_\_\_\_, Illinois, Zip: \_\_\_\_\_ Female: \_\_\_\_\_

**Parent/Guardian Information:**

Mother's Name: \_\_\_\_\_ Father's Name : \_\_\_\_\_  
 Step-parent's Name: \_\_\_\_\_ Language Spoken in home: \_\_\_\_\_  
 Guardian's Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Who is the custodial parent? (if applicable) Name:** \_\_\_\_\_

**Employment Information:**

<u>Employer/Company Name:</u>	<u>Work Phone:</u>	<u>Cell Phone:</u>
(Mother) _____	( ) _____	( ) _____
(Father) _____	( ) _____	( ) _____
(Step-parent) _____	( ) _____	( ) _____
(Guardian) _____	( ) _____	( ) _____

**Please check the program and days you want your child to attend.**

**Preschool**

\_\_\_\_\_ 9:15-11:45 Tues-Thur \$103.00/mo  
 \_\_\_\_\_ 9:15-11:45 M-W-F \$142.00/mo

**Preschool Lunch Bunch**

\_\_\_\_\_ 9:15-1:00 Tues-Thur \$154.00/mo  
 \_\_\_\_\_ 9:15-1:00 Mon/Wed/Fri \$213.00/mo  
 \_\_\_\_\_ 9:15-1:00 Mon – Fri \$367.00/mo

**Preschool Plus**

**3 Days**

**5 Days**

\_\_\_\_\_ Partial Day 9:15- 3:45 \$368.00/mo \$636.00/mo  
 \_\_\_\_\_ Full Day 7:00- 6:00 \$561.00/mo \$968.00/mo

Mon \_\_\_\_\_  
 Tues \_\_\_\_\_  
 Wed \_\_\_\_\_  
 Thur \_\_\_\_\_  
 Fri \_\_\_\_\_

**Starting Date:** \_\_\_\_\_

**Note: If your child cannot adapt to classroom environment and activities, your child may be removed from the class and your tuition will be refunded on a prorated basis.**

**Registration fee is \$50.00 per family. THE REGISTRATION FEE IS NON-REFUNDABLE and must accompany this application. Make checks payable to District 62. PLEASE NOTE: THERE IS NO CREDIT GIVEN FOR NON-ATTENDANCE, LATE ARRIVALS OR EARLY PICK-UP. THERE IS A 3 DAY WAITING PERIOD TO START THE PROGRAM ONCE REGISTERED. THERE IS NO BUS SERVICE PROVIDED FOR ANY SPARK PROGRAM.**

For families with more than one child actively participating in a program a 10% discount will be given.

**\*\*This registration must be hand delivered to the ELC Office.  
 Registration for the SPARK Preschool is subject to availability and  
 residency requirements. Proof of birth and residency required.**

Name of child: \_\_\_\_\_

**AUTHORIZATION FOR PICK-UP (PLEASE PRINT NAMES)**

1. (Mother) \_\_\_\_\_ 2. (Father) \_\_\_\_\_

3. (Step-parent) \_\_\_\_\_ Language Spoken \_\_\_\_\_ Phone \_\_\_\_\_

4. (Guardian) \_\_\_\_\_ Language Spoken \_\_\_\_\_

Relationship \_\_\_\_\_ Phone( ) \_\_\_\_\_

5. (Other) \_\_\_\_\_ Language Spoken \_\_\_\_\_

Relationship \_\_\_\_\_ Phone( ) \_\_\_\_\_

6. (Other) \_\_\_\_\_ Language Spoken \_\_\_\_\_

Relationship \_\_\_\_\_ Phone( ) \_\_\_\_\_

The above people are authorized to pick up my child. \_\_\_\_\_

(Signature of Parent/Guardian)

In case of emergency (other than yourself), contact:

Name: \_\_\_\_\_ Home phone ( ) \_\_\_\_\_  
Work phone ( ) \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**1. Emerg. Treatment and Transportation Permission:** In case of accident or injury, I hereby give my permission for emergency treatment and transportation. **Signature of Parent/Guardian** \_\_\_\_\_

**2. Is your child on daily medication?** \_\_\_\_\_ If yes, state name of medication and reason for taking it. \_\_\_\_\_

**3. Does your child have any allergies?** \_\_\_\_\_ If yes, please list them: **(please provide your doctor's allergy plan):** \_\_\_\_\_

**4. Important Information:** Please list any information that we should be aware of concerning your family situation that might affect your child. \_\_\_\_\_

**5. Photos:** Pictures may be taken at programs and may be used for bulletin boards, scrapbooks or publicity. If you do not wish to grant photo permission, please state "No" otherwise we will assume permission is given. \_\_\_\_\_

**6. Walking Field Trips:** Walking trips around the school grounds or around the block may be taken on occasion. I hereby give permission for my child to take walking trips. **Signature:** \_\_\_\_\_

**7. Tuition:** Tuition is paid in advance. **Delinquent payment is cause for dismissal. There is no credit given for non-attendance (including sickness & vacations), late arrivals or early pick-ups.** A two-week advance notice must be given for withdrawal from the program or any change of hours request.

**8. I have read this application and understand I am responsible for the fees related to the sessions I have checked off on the front of this application. If fees are 60 days late, my child will be dropped from the program.**

**9. The SPARK program is a service offered to CCSD 62 residents only. If families move out of district during the school year, their child/ren cannot continue the SPARK program.** \_\_\_\_\_ (Please initial)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Date Rec'd: \_\_\_\_\_ Amt. Rec'd: \_\_\_\_\_ Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ Credit: \_\_\_\_\_