

FOR OFFICE USE ONLY

Date turned in: _____ Time: _____

☐ Reg. fee ☐ Snack fee☐ Credit Card☐ Cash \$ _____☐ Check # _____**The Growing Place Preschool**1111 E. Madison St., Lombard, Illinois • Located at
Community Presbyterian Church of Lombard**DCFS REQUIRES ALL FIELDS TO BE FULLY COMPLETED**

Child's Name: _____

Required Fees**Registration Fee:** \$100.00 (Non-Refundable) (Administration, Field Trips, Vision and Hearing, T-shirt, Supplies, etc.)**Snack Fee:** \$50.00 (Refundable)**Session/Class Information**Growing Place Preschool figures are based on school year enrollment of September through May. All tuition is paid on the 1st of the month. **September preschool tuition is due by June 1st, 2019.****2-Year-Old Classroom** (Children ages 2 years old by August 31, 2019)

- ☐ Monday/Wednesday/Friday mornings
9:00 am – 12:00 pm - \$250 per month
- ☐ Tuesday/Thursday mornings
9:00 am – 12:00 pm - \$205 per month

3-Year-Old Classroom (Children ages 3 years old by August 31, 2019)

- ☐ Monday/Wednesday/Friday mornings
9:00 am – 12:00 pm - \$260 per month
- ☐ Tuesday/Thursday mornings
9:00 am – 12:00 pm - \$210 per month
- ☐ Monday/Wednesday/Friday afternoons
12:30 pm – 3:00 pm - \$240 per month

4 and 5-Year-Old (Pre-K) Classroom (Children ages 4+ years old by August 31, 2019)

- ☐ Monday/Wednesday/Friday mornings
9:00 am – 12:00 pm - \$265 per month
- ☐ Tuesday/Wednesday/Thursday mornings
9:00 am – 12:00 pm - \$265 per month
- ☐ Monday/Wednesday/Friday afternoons
12:30 pm – 3:00 pm - \$245 per month

How did you learn about The Growing Place Preschool? (circle all that apply) friend, relative, newspaper, google, yelp, CPC, Facebook, other: _____



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Child's Name: _____ Nickname: _____ Date of Birth: _____

☐ Male ☐ Female Primary Phone: _____ Primary Email: _____
(name and number) (email address)

Address: _____
(number and street) (city) (state) (zip)

Family Information: ☐ New Family ☐ Continuing Child ☐ Returning Family – New Child ☐ Alumni Family ☐ Staff

Family Religious Affiliation: _____

Marital Status of Parents: _____ Child lives with: _____
(married, separated, divorced, widowed, cohabitating) (adults' name(s) and relation(s))

Please Complete **All of the Information Below for Father and Mother**

Indicate if Stay at Home Parent

Father's Name: _____ Cell: _____ Email: _____
Occupation: _____ Working Hours: _____
Business Phone: _____ Business Email: _____
Business Address: _____
(number and street) (city) (state) (zip)

Mother's Name: _____ Cell: _____ Email: _____
Occupation: _____ Working Hours: _____
Business Phone: _____ Business Email: _____
Business Address: _____
(number and street) (city) (state) (zip)

Please provide address of Father or Mother if different from child's home address:

Name: _____
Address: _____ City: _____ State: _____ Zip: _____

Name of Legal Guardian (if other than parents):

Name: _____
Address: _____ City, State: _____ Zip: _____
Phone: _____ Email: _____

Parent / Guardian printed name: _____

Signature: _____ Date: _____

