



# Registration Form

200 North Catherine Ave.  
 LaGrange, IL 60525  
 Phone (708) 352-0730 x345

## Student Information

Students Full Name:		Date of Birth:	
Name to be used at school:		Gender: (circle) Male Female	
Allergies:			
Address:			
Primary Phone:		City:	Zip:
Primary Email:		Secondary Phone:	

## Program Selection

Select the program you are interested in:

A) Year Round or School Year, B) Age Group/Classroom, C) Days/Times

Please indicate 1<sup>st</sup> and 2<sup>nd</sup> choices if appropriate.

**Year Round Program** \_\_\_\_\_ **Start Date** \_\_\_\_\_

• Toddlers (15 to 24 months)	M-F	M/W/F	T/TH
• TWOS (24 to 36 months)	M-F	M/W/F	T/TH
• Preschool (3 yrs)	M-F	M/W/F	T/TH
• Pre-Kindergarten (4 yrs)	M-F	M/W/F	T/TH
• Before/After Care (School age)	AM		PM

**The hours my child will be at school are:**

\_\_\_\_\_ to \_\_\_\_\_

**School Year Program** \_\_\_\_\_

School Year program runs from 8:30 am – 11 am, Labor Day through Memorial Day. Daily enrichment additions will be available. Camps will be available during fall, winter, spring, and summer breaks.

• Preschool (3 yrs. by Sep. 1 <sup>st</sup> )	M-F	M/W/F	T/TH
• Pre-Kindergarten (4 yrs. by Sep 1 <sup>st</sup> )	M-F	M/W/F	T/TH

*If there is a program you are looking for please let us know. We can help you find it.*

(continue on back)

## For Office Use Only

Receipt Date: _____	Class Placement: _____
Reg Fee: Ck No. _____ Amt. _____	Enrollment Date: _____
Parent Notification Date: _____	Exit Date: _____



# Registration Form

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## Legal Guardians

Name:	Business Address:
Occupation:	
Phone:	
Cellular:	Hours of Employment:
Email:	

## Legal Guardians

Name:	Business Address:
Occupation:	
Phone:	
Cellular:	Hours of Employment:
Email:	

Household Marital Status: Married  Separated  Divorced  Widowed  Single

Other children in the family (names & ages)

## Child's Doctor

Name:	Address:
Phone:	

## Child's Dentist

Name:	Address:
Phone:	

## Emergency Contacts

#1 Name:	Relation:
Phone:	Cellular:
#2 Name:	Relation:
Phone:	Cellular:

Parents' Church affiliation: \_\_\_\_\_

**THIS INFORMATION MUST BE KEPT UP TO DATE. PARENTS SHOULD ADVISE THE SCHOOL OF ANY CHANGES.**

Parent/Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_