



# First Federated Church Preschools

3601 N. Sheridan Road, Peoria, Illinois 61604

309-685-5258

## BO PEEP PRESCHOOL Application For Enrollment

School Year 20\_\_ - 20\_\_

2-day program: Tuesday, Thursday \_\_\_\_\_

3-day program: Monday, Wednesday, Friday \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ Sex \_\_\_\_\_ Birth date \_\_\_\_\_

NAME CHILD IS USUALLY CALLED \_\_\_\_\_

ADDRESS: Street \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ Employment \_\_\_\_\_

MOTHER'S ADDRESS: Street \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ Employment \_\_\_\_\_

FATHER'S ADDRESS: Street \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

PARENTS' CHURCH MEMBERSHIP \_\_\_\_\_

Names and ages of other children in your family \_\_\_\_\_

Does your child have any physical or emotional handicap? \_\_\_\_\_

Is your child potty-trained? \_\_\_\_\_

Please give the name, address and phone number of your child's doctor:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have an allergy? \_\_\_\_\_ Please specify \_\_\_\_\_

Phone number where you can be reached during Preschool hours:

Mother \_\_\_\_\_ Father \_\_\_\_\_ Another phone number and name to  
contact in case of an emergency \_\_\_\_\_

In signing this application, do you authorize the teacher in charge to take your child to another medical doctor in case of emergency in which both parents and your child's doctor are not available? \_\_\_\_\_

Do you wish to participate in a car pool? \_\_\_\_\_

Amount enclosed \$ \_\_\_\_\_ Please make check payable to FIRST FEDERATED CHURCH

Date \_\_\_\_\_ Signed \_\_\_\_\_

For office use only:

Rev. 8/07

Reg. Fee \_\_\_ H.F. \_\_\_ P.U. \_\_\_ D.P. \_\_\_ F.T.P. \_\_\_ E.C. \_\_\_ P.P. \_\_\_ Tuition \_\_\_