

Batavia Nursery School Enrollment Application

Application must be completed and signed in order to be processed

Child's Legal Name _____
Last First Middle Initial

Parent's Names _____ Marital Status _____

Home Address _____
Address City State Zip Code

Telephone (____) _____ Cell Phone (____) _____ Email _____

Child's Birth Date ____/____/____ Birthplace _____ Child's Sex M F

Please indicate by what first name you would like your child to be called _____

Provide information below for the two individuals who have primary **legal** responsibility for this child:

Name _____

Relationship to child _____

Home Telephone _____

Cell Phone _____

Employer _____

Employer's Address _____

Business Phone # _____

Working Hours _____

Indicate class choice, numbering class choices in order of preference beginning with 1. If your first choice is not available we will place your child in the second choice as well as the waiting list for first choice. The registration fee is non-refundable. The parent/guardian will receive written confirmation of class assignment. Cut-off dates for entry into preschool conform to the Illinois laws mandating public school entry dates.

Three-Year-Old Classes:

Must be 3 by 9/1/10

- ____ Tuesday, Thursday 9:00-11:00 a.m.
- ____ Monday, Tuesday, Thursday 12:30-2:45

Four-Year-Old Classes:

Must be 4 by 9/1/10

- ____ Monday, Wednesday, Friday 9:00-11:15
- ____ Monday, Wednesday, Friday 12:30-2:45

Pre-Kindergarten Classes:

Must be 5 by 01/1/11

- ____ Monday, Tuesday, Wednesday, Thursday 9:00-11:30
- ____ Monday, Tuesday, Wednesday, Thursday 12:30-3:00

(Continued)

(2)

Sibling's Name _____ Date of Birth _____

Sibling's Name _____ Date of Birth _____

Sibling's Name _____ Date of Birth _____

Sibling's Name _____ Date of Birth _____

The following information is used to identify if further forms or releases are needed to serve your child's needs:

- Does this child have allergies?..... Yes___ No___
- Does this child have any physical needs that require adaptations?
(Glasses, hearing aids)..... Yes___ No___
- Does this child have a diagnosed medical condition?..... Yes___ No___
- Has this child been assessed for any developmental or educational
need?..... Yes___ No___
- Does this child receive any services or therapy?..... Yes___ No___
- If so, please specify _____
- Has this child attended an Early Childhood Screening?..... Yes___ No___

The following information is used by classroom teachers as preparation for teaching your child:

- Does this child tend to be right___or left___handed?
- Has this child previously attended preschool?..... Yes___ No___
- If so, where? _____
- Does this child have any special interests or abilities? _____
- Where will this child attend elementary school? _____

Please tell us how you first heard about Batavia Nursery School: _____

Please share your religious affiliation with us. We are sponsored by the Congregational Church and will therefore celebrate the Christian holidays. If your family is of a different faith we will use that as a learning experience in our classroom. _____

The above information is true and complete as stated. I will inform the office of any changes to this information.

Signature of Parent/Guardian: _____ Date _____

Date of Entry: _____ Date Withdrawn: _____