



APPLICATION FOR ADMISSION TO THE ARK PRESCHOOL

Glen Ellyn Covenant Church

277 Hawthorne Street

Glen Ellyn, IL 60137

630-858-7755 website: <http://thearkpreschool.com>

Name of Child _____ Sex _____

Name you wish child to be called _____ Phone _____

Home Address _____

Street

Town

Zip Code

E mail Address _____

Date of Birth _____ Place of Birth _____

Mother's/Guardian's Name _____ Address _____

Occupation _____ Place of Employment _____

Business Address _____ Phone _____ Hours _____

Father's/Guardian's Name _____ Address _____

Occupation _____ Place of Employment _____

Business Address _____ Phone _____ Hours _____

Marital Status of Parents _____ Child Lives With _____

Name of Church Family Attends _____

Name of Child's Physician _____

Address _____ Phone _____

Sibling/s who previously attended The Ark and the year: _____

Registration begins January 2, 2017

Applying for School Year 2017 - 2018

Indicate "1" for first class choice; "2" for second choice:

_____ Nearly Threes: Monday.Wednesday a.m.	9:30-11:15
_____ Threes: Monday.Wednesday a.m.	9:15-11:40
_____ Threes: Tuesday.Thursday a.m.	9:15-11:40
_____ Older Threes.Fours: Monday.Wednesday.Friday a.m.	9:15-11:45
_____ Fours: Tuesday.Thursday.Friday a.m.	9:15-11:45
_____ Fours: Tuesday.Wednesday.Thursday.Friday p.m.	12:45-3:15
_____ Pre K: Tuesday.Wednesday.Thursday.Friday p.m.	12:45-3:15

(The above schedule may be subject to change, depending on enrollment.)

Signature _____ Date _____

A \$70.00 non-refundable registration fee is due when application is submitted.

For Office Use Only:

Date Application Received _____ Application Fee _____

Date of Admission _____ Date of Discharge _____

Medical Form _____ Background Information _____

Permission Form _____ Emergency Form _____

Birth Certificate _____ Supply fee _____ 1st Tuition _____