

Medical Form ____

Permission Form _____

Birth Certificate ______ Supply fee ____

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			
Child Date of Birth	Place of Birth		
Mother's/Guardian's Name	Address		
Occupation Place of En	nployment		
Business Address	Phone	Hours	
Father's/Guardian's Name	Address		
Occupation Place of En			
Business Address	Phone Hou	rs	
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			
	ng for School Year 2018 – 2019		
• • • • • • • • • • • • • • • • • • • •	or placed into the drop box starting Janua	ry 8, 2018	
Indicate "1" for fi	rst class choice; "2" for second choice:		
Nearly Threes: Monday.Wednesday a.m. (turns 3 by January 1, 2019)		9:20-11:20	
Threes: Monday.Wednesday a.m. (turns 3 by September 1)		9:15-11:30	
Threes: Tuesday.Thursday a.m. (turns 3 by September 1)		9:15-11:30	
Older Threes.Fours: Monday.Wednesday.Friday a.m. (turns 4 by January 1, 2019)		9:15-11:45	
Fours: Tuesday.Thursday.Friday a.m. (turns 4 by September 1)		9:15-11:45	
Fours: Tuesday. Wednesday. Thursday. Friday p.m. (turns 4 by September 1) Pre K: Tuesday. Wednesday. Thursday. Friday p.m. (turns 5 by January 1, 2019)		12:45-3:15	
		12:45-3:15	
(The above schedule may	be subject to change, depending on enrollm	ent.)	
Signature	Date		
A \$70.00 non-refundable i	registration fee is due when application is submitte	ed.	
Date of AdmissionDate of Discharge			

_Background Information _____

____ Emergency Form _____ _____1st Tuition _____