

# Application Form

Little People's Preschool  
1274 Main Street  
Crete, IL 60417  
(708) 672-9100

Admission Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Parents' Marital Status: \_\_\_\_\_  
(Married, Living Together, Separated, Divorced, Deceased)

Other Occupants in Home: (Relationship, Name, Age, Gender)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Legal Guardian: \_\_\_\_\_

Is Child Adopted? \_\_\_\_\_ At What Age? \_\_\_\_\_

Is Child Aware of Adoption? \_\_\_\_\_

## Parents' Employment:

\_\_\_\_\_  
Mother's Name Occupation

\_\_\_\_\_  
Home Address ZIP Home Phone

\_\_\_\_\_  
Place of Employment Hours Business Phone

\_\_\_\_\_  
Business Address SSN

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Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

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Home Address \_\_\_\_\_ ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_

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Place of Employment \_\_\_\_\_ Hours \_\_\_\_\_ Business Phone \_\_\_\_\_

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Business Address \_\_\_\_\_ SSN \_\_\_\_\_

In an Emergency Call: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Infant/Toddler Program       Preschool Only       Day Care

After School Care       Summer Camp

Hours of Care Needed: \_\_\_\_\_

Beginning Program: \_\_\_\_\_

Person Picking up Child on Regular Basis: \_\_\_\_\_

**Names of People Picking up Child with Parents' Permission:**

Name	Relationship
_____	_____
_____	_____
_____	_____

Who May NOT Pick up the Child: \_\_\_\_\_

Has the Child Previously Attended a Child Care Center:     No       Yes

Where? \_\_\_\_\_

Allergies or Other Health Issues:

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Age of Child when Mother Returned to Work: \_\_\_\_\_

**Emergency Numbers:** (Must Live or Work in the Area)

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

3) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

How Did You Find Out About us? \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Enrollment Deposit Received: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Child Disenrolled: \_\_\_\_\_

Reason: \_\_\_\_\_