

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: _____ Cell Phone: _____

Child's Birthdate: _____ Child's Age: _____

Birth Place: _____

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

Custody / Visiting Arrangements (if any): _____

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 _____

Father's Name _____ Occupation _____

Home Address _____ ZIP _____ Home Phone _____

Place of Employment _____ Hours _____ Business Phone _____

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 *Regularly* Picking up Child with Parents' Permission:

Name	Relationship
_____	_____
_____	_____
_____	_____

Names of People *Occasionally* 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:

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: _____



(Office Use Only)

Enrollment Deposit Received: \$ _____ Date: _____

Child Disenrolled: _____

Reason: _____