

ENROLLMENT FORM UPDATE 2021/2022

Child's Name _____ Birthdate _____

My child is enrolled for the following days for Fall 2021:

Monday Tuesday Wednesday Thursday Friday

At the following location:

Arlington Heights Elmhurst Geneva Glenview Hinsdale
LaGrange LaGrange Highlands Naperville South Naperville
St. Charles Western Springs Wheaton

Child's Home Address _____ Primary Phone _____

City/Zip Code _____

Allergies/ Food Restrictions/ EpiPen _____

Primary Email _____ Secondary Email _____

Parent/ Guardian Information:

Parent or Guardian's Name _____ Cell # _____

Address (if different from child) _____

Employer _____ Occupation _____

Work Address _____ Work Phone _____

Parent or Guardian's Name _____ Cell # _____

Address (if different from child) _____

Employer _____ Occupation _____

Work Address _____ Work Phone _____

See 2nd Page



CHILD'S NAME _____

If neither parent can be reached in case of an emergency, call:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Persons designated to pick up child other than parents:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Persons NOT permitted to pick up child: _____

Child's Doctor's Name _____ Phone _____

Address _____

Child's Dentist's Name _____ Phone _____

Address _____

Other children in family (please list birthdate of each) _____

Previous schools attended _____

Child's anticipated arrival time _____ Child's anticipated pickup time _____

Thank You