

ENROLLMENT FORM UPDATE 2022/2023

Child's Name _____ Birthdate _____

My child is enrolled for the following days for Fall 2022:

Monday Tuesday Wednesday Thursday Friday

At the following location:

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

Child's Name _____ Birthdate/ Due Date _____

Child's Home Address _____ City _____ Zip _____

Primary Phone _____ Primary Email _____

Secondary Email _____ Child's Immunizations are Up to Date ___ Yes ___ No

Comments _____

Allergies/ Food Restrictions/ EpiPen _____

Parent Information:

Parent or Guardian's Name _____ Cell # _____

Address (if different from child) _____ City _____ Zip _____

Employer _____ Occupation _____

Work Address _____

Work Phone _____ Work Hours _____

Parent or Guardian's Name _____ Cell # _____

Address (if different from child) _____ City _____ Zip _____

Employer _____ Occupation _____

Work Address _____

Work Phone _____ Work Hours _____

Please 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