



APPLICATION

The Fourth Church Day School
126 East Chestnut Street
Chicago, Illinois 60611-2094
(312) 640-2579 dayschool@fourthchurch.org

Please check your 1st and 2nd Choice:

Morning Programs

AM Preschool 5 days (3-5 year olds)
M-F, 9:00-11:45am

AM Preschool 3 days (2.5-3.5 year olds)
M/W/F, 9:15-11:30am

Twos Program (2-3 year olds)
T/Th 9:30-11:15am

Afternoon Programs

PM Preschool 3 days (3-5 year olds)
M/W/Th, 1:00-3:30pm

Together We Play (18-24 months with parent)
Wednesday, 3:00-4:00pm

Full day option (9:00am-3:30pm) available for 3-5 year olds M/W/Th. Please inquire.

Date _____ Desired entrance date _____

Name of Child _____
First Middle Last

Name by which he/she is called _____ Birth Date _____
month/date/year sex

Address _____ Cell Phone _____ Home _____

City _____ State _____ Zip+4 _____

Email (please print clearly) _____

Are parents living together? _____ Divorced? _____ Separated? _____

With whom does the child live? _____ Primary language spoken in the home _____

Legal guardian, if other than parents _____

Father's Name _____ Occupation and Firm _____

Business Address _____ Day Phone _____

Mother's Name _____ Occupation and Firm _____

Business Address _____ Day Phone _____

Are you a member of Fourth Presbyterian Church? _____ Other affiliation? _____

For Twos, which adult will be the primary participant for the first month? _____

For Together We Play, which parent will be the primary participant with the child? _____

Siblings:

Name _____ Birth Date _____ School _____

Name _____ Birth Date _____ School _____

Other adults living with the family_____

What previous group experience has the child had?_____

What contact with other children does the child have now?_____

Describe your child's daily routine (sleeping, eating, playtime, etc.):_____

Does your child have any problems with sleeping, toileting, or eating?

Does your child have behaviors which, at this time, you or other family members consider to be problems?_____

What are your child's special interests, abilities, and characteristics?_____

What are his/her dominant play interests?_____

Has he/she ever been hospitalized for any reason? Please describe dates:_____

Please list any contagious illnesses and serious accidents your child has had, and give dates:_____

Please list any allergies your child has:_____

Are there any other facts about your family situation or your child's development which you feel would contribute to a better understanding of your child and his/her needs?_____

Why do you want your child to attend the Fourth Church Day School?_____

Would you be able and willing to help if parents are needed to assist occasionally with trips or special projects?_____

How did you hear about the school?_____

This application indicates your interest in the Fourth Church Day School and places your child's name on the application list. It is not an enrollment agreement. No fee is charged at this time. If a place is available for your child, an enrollment form will be sent to you.

Please return form promptly to:

Kathy Hager, Director
Fourth Church Day School
126 East Chestnut Street
Chicago, Illinois 60611
dayschool@fourthchurch.org