



## 2019-2020 Avoca Community Preschool Registration Form

<b>STUDENT INFORMATION</b>			
Student's Legal Name			
Last		First	Middle
Street Address:		City:	Zip:
Birthdate:     /     /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Age as of 9/1/19:
Month	Day	Year	
Home Telephone:		Cellular Number:	
E-mail address:			
<b>PARENTS AND/OR GUARDIANS</b>			
<b>Father's Name:</b>			
Mailing Address (if different):			
Phone # During:			
School ~	Evening ~	Cell ~	Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No
Father's e-mail address:			
<b>Mother's Name:</b>			
Mailing Address (if different):			
Phone # During:			
School ~	Evening ~	Cell ~	Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No
Mother's e-mail address:			
<b>Guardian Name:</b>			
Mailing Address (if different):			
Phone # During:			
School ~	Evening ~	Cell ~	Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Language spoken in the home:</b>			
<b>EMERGENCY CONTACT</b>			
In case of emergency or school closure, please provide us with names, addresses and phone numbers of contacts if the school cannot contact you.			
Contacts	Name	Address	Phone #
Emergency #1			
Emergency #2			

## MEDICAL INFORMATION

Are there any particular medical problems your child may be experiencing which his/her teacher should be aware of?

Physical Disabilities       Allergies       Serious Illness

Please explain:  
(Attach an additional sheet if necessary)

Is the student taking any medication?       Yes       No

## ETHNICITY

White-Non Hispanic       African American       American Indian  
 Asian or Pacific Islander       Hispanic       Bi-racial

## COURSE SIGN-UP INFORMATION

### AM 8:50 – 11:10

AM 4 day      Fee is \$3,620 (District 37 Resident)  
Fee is \$4,060 (Non-Resident)

### PM 12:25 – 2:45

PM 5 day      Fee is \$4,340 (District 37 Resident)  
Fee is \$4,860 (Non-Resident)

### Application fee of \$100 to secure your placement\*\*\*

Make check payable to Avoca School District 37 or

Charge to credit card\*:    Mastercard       Visa       Discover      Expiration Date:

Card Number

Print Cardholder's Name:

Signature:

**NOTE: A 3.56% Convenience fee will be charged when paying by credit card**

Return registration form to:   **Avoca Community Preschool-Pupil Services**  
2921 Illinois Road  
Wilmette, IL 60091

### Application Fee Agreement\*\*\*

**A \$100 application fee must be included with your application.** This fee is in addition to your child's tuition. Once you agree to enroll your student in an open placement, your application fee will not be refunded. If your student is not offered placement due to a full enrollment, your application fee will be refunded.

**Signature Required:** I hereby declare that I have read and understand the information contained on this form and the information I have provided is correct.

**Date:**      **Parent Signature:**