

Algonquin Preschool, Inc.
Registration for Enrollment
847-658-2232

Child's Name _____ M____ F____

Address _____
(Street) (City) (Zip Code)

Parent/Guardian Name(s) _____

Home Phone _____ Cell Phone _____

Email Address _____ Child's Birthdate _____

Please indicate class preference*: 1= First Choice 2= Second Choice

T/TH 3yr AM _____ T/TH 3yr PM _____ M/W/F 3yr AM _____

M/W/F 4yr AM _____ M/W/F 4yr PM _____

M-F 4/5yr _____ (am_____ pm_____) please indicate your class preference for the M-F program- 1= first choice 2=second choice
Enrollment will decide when the 5 day a week will be held.

Have siblings attended Algonquin Preschool? Yes _____ No _____

How did you hear about our school? Friend _____ Other _____

*Your first choice will be accommodated if space in that classroom is available; otherwise, your second choice will be assigned. Algonquin Preschool reserves the right to cancel an offered class due to low enrollment or other reasonable circumstance(s).

A \$50 non-refundable fee payable to Algonquin Preschool is due at time of registration.