



# Early Childhood Education Program Application for Admission Prekindergarten



Please type or print

Office of Admission  
Penney House  
350 Park Street  
Elgin, IL 60120

Tel 847.695.0303  
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Email [admission@elginacademy.org](mailto:admission@elginacademy.org)  
Web [www.elginacademy.org](http://www.elginacademy.org)

Date \_\_\_\_\_

## I. Information about the Applicant

Full legal name \_\_\_\_\_  
first middle initial last

Preferred first name \_\_\_\_\_  Female  Male  
Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

## II. Parents' Information

Father's name \_\_\_\_\_

Mother's name \_\_\_\_\_

\_\_\_\_\_ number/street

\_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip

\_\_\_\_\_ county \_\_\_\_\_ home phone

\_\_\_\_\_ cell phone \_\_\_\_\_ e-mail address

\_\_\_\_\_ occupation

\_\_\_\_\_ employer

\_\_\_\_\_ business address

\_\_\_\_\_ business phone/e-mail

**Home address (if different)**

\_\_\_\_\_ number/street

\_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip

\_\_\_\_\_ county \_\_\_\_\_ home phone

\_\_\_\_\_ cell phone \_\_\_\_\_ e-mail address

\_\_\_\_\_ occupation

\_\_\_\_\_ employer

\_\_\_\_\_ business address

\_\_\_\_\_ business phone/e-mail

## III. Choice of Program (Note: Prekindergarten applicants should be 4 years old by September 1.)

1. Semester and year of entry:  Fall Semester \_\_\_\_\_  
(August) year

First available opening

### 2. Session Preference—PREKINDERGARTEN

5 Full Days (8:20 a.m.–2:30 p.m. M–F)

5 Half Days (8:20 a.m.—11:30 a.m. M–F)

3 Full Days (8:20 a.m.–2:30 p.m. M,W,F)

3 Half Days (8:20 a.m.—11:30 a.m. M,W,F)

## IV. Family Information

### Father

High School attended \_\_\_\_\_

College(s) attended \_\_\_\_\_

Degree(s) \_\_\_\_\_

### Mother

High School attended \_\_\_\_\_

College(s) attended \_\_\_\_\_

Degree(s) \_\_\_\_\_

### Applicant's brothers and sisters

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

With whom does the applicant reside? \_\_\_\_\_

Legal guardian's name and address, if appropriate \_\_\_\_\_

What language is spoken at home?  English  Other \_\_\_\_\_

Does/Has any family member attend(ed) Elgin Academy? If yes, give name(s) and relationship \_\_\_\_\_

What was your first source of information about Elgin Academy. \_\_\_\_\_

## V. Parent Statements

Please help us know your child by providing the following information. It is understood that young children continue to grow and develop; your responses should describe current circumstances.

### 1. Personal Development

Has your child attended a preschool or child care program before?  Yes  No

If yes, give the name of a current or former school \_\_\_\_\_

	Yes	No
Can your child: feed her or himself using a spoon and/or fork?	<input type="checkbox"/>	<input type="checkbox"/>
wash and dry her or his own hands?	<input type="checkbox"/>	<input type="checkbox"/>
dress her or himself with little assistance?	<input type="checkbox"/>	<input type="checkbox"/>
speak so that he or she can be understood by others?	<input type="checkbox"/>	<input type="checkbox"/>
express her or his thoughts and needs easily?	<input type="checkbox"/>	<input type="checkbox"/>
Is your child toilet trained during the day?	<input type="checkbox"/>	<input type="checkbox"/>

**2. Health History**

	Yes	No
Has your child ever had trouble seeing?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have allergies?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child had any significant injuries or hospitalizations?	<input type="checkbox"/>	<input type="checkbox"/>
Is your child presently on any medications?	<input type="checkbox"/>	<input type="checkbox"/>

If you responded “yes” to any of the above, please explain. Also, describe any other health concerns.

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**3. Interests and Activities**

	Yes	No
Does your child: play with blocks, boxes, construction toys without help?	<input type="checkbox"/>	<input type="checkbox"/>
use crayons or markers to draw?	<input type="checkbox"/>	<input type="checkbox"/>
listen to stories being read?	<input type="checkbox"/>	<input type="checkbox"/>
turn pages of a book and look at pictures?	<input type="checkbox"/>	<input type="checkbox"/>
recall stories and events?	<input type="checkbox"/>	<input type="checkbox"/>
enjoy playing alone or with imaginary friends?	<input type="checkbox"/>	<input type="checkbox"/>
follow simple, age-appropriate directions?	<input type="checkbox"/>	<input type="checkbox"/>
talk with your friends and relatives who come to visit?	<input type="checkbox"/>	<input type="checkbox"/>

How many hours per day does your child spend watching TV? \_\_\_\_\_

Please describe briefly your child's favorite activities: \_\_\_\_\_

when with other children: \_\_\_\_\_

when playing alone: \_\_\_\_\_

when at home with Mom or Dad: \_\_\_\_\_

Please share anything else you would like to tell us about your child. \_\_\_\_\_

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## Steps to Complete the Application for Admission

1. Sign and return the completed application form along with a **non-refundable \$50 application fee** to the Office of Admission.
2. Attend an interactive play session at a designated Open House Program or schedule a class visit during the school week.
3. *(Optional)* Schedule a personal interview and campus tour by calling the Office of Admission at (847) 695-0303.

## Declaration

I pledge that the information provided is truthful and accurate to the best of my ability.  
It is further understood that any misstatement or omission may result in denial of admission or enrollment.

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Signature of parent or guardian