



Early Childhood Education Program Application for Admission Preschool



Please type or print

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

Tel 847.695.0303
Fax 847.695.5017
Email admission@elginacademy.org
Web 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: Preschool applicants should be 3 years old by September 1.)

1. Semester and year of entry: Fall Semester _____
(August) year First available opening

2. Session Preference—PRESCHOOL

- 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)
- 2 Full Days (8:20 a.m.–2:30 p.m. T,Th)
- 2 Half Days (8:20 a.m.—11:30 a.m. T,Th)

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.

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. _____

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.

Signature of parent or guardian