



Hinsdale Community Preschool, Inc.  
 A Parent CO-OP School Since 1942  
 415 W. Eighth Street, Hinsdale, IL 60521  
 630-325-7484  
 www.hinsdalecommunitypreschool.org



**PRESCHOOL REGISTRATION FORM 2018-2019 SCHOOL YEAR**

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Parent Names \_\_\_\_\_ Parent Email \_\_\_\_\_

Age as of 9/1/2018 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Circle One: Male / Female

Allergies \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Telephone (with area code) \_\_\_\_\_

**PLEASE INDICATE YOUR CLASS PREFERENCE BY PLACING AN "X" IN THE BOX NEXT TO THE CLASS(ES) BELOW:**

Please indicate your class preference by placing a check next to the class(es) below:

<input type="checkbox"/>	Just for Me Two, Mon & Friday 9:00am - 11:00am	<input type="checkbox"/>	STEAM Preschool, Tuesday (age 4 by 1/1/18) 11:15am-1:40pm, <b>includes lunch</b>
<input type="checkbox"/>	Junior AM, T-Th (age 3 by 9/1) 8:45am-11:10am	<input type="checkbox"/>	BookWorms Preschool, Wednesday (age 4 by 1/1/18) 11:15am-1:40pm, <b>includes lunch</b>
<input type="checkbox"/>	Senior AM, M-Th,(age 4 by 9/1) 8:45am-11:15am	<input type="checkbox"/>	Discovery Kids America (age 4 by 9/1) 8:45am-11:15am

**Please submit a Non-Refundable Registration Fee:**

**\*\*\*Registration Fee is due with Application\*\*\***

\_\_\_\_\_ \$115 for first child      \_\_\_\_\_ \$50 for each additional child      \_\_\_\_\_ \$30 for enrichment

(Please make checks out to Hinsdale Community Preschool, Inc.)

\*\*\*HCP has a tuition assistance program covering up to 50% off annual tuition available to a limited number of Junior & Senior students. Please check here for more information (all inquiries are kept confidential): \_\_\_\_\_

\*\*\*\*\*

**OFFICE USE ONLY:**

Date Fee Paid \_\_\_\_\_ Check # \_\_\_\_\_ Amount Paid \_\_\_\_\_

Date of Enrollment \_\_\_\_\_ Date of Discharge \_\_\_\_\_



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**An Application with current Medical form and copy of original Birth Certificate must be on file before the child's first day of school.**

**Child's Name:** \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Mother's Name:	Father's Name:
_____	_____
Mother's Home Address:	Father's Home Address (if different):
_____	_____
Mother's Home Phone:	Father's Home Phone:
_____	_____
Mother's Cell Phone:	Father's Cell Phone:
_____	_____
Mother's Email Address:	Father's E-mail Address:
_____	_____
Preferred Phone No.(s) for School closings:	
_____	

**\*\*\*Contact information provided on this form will be used for our school directory\*\*\***

**PARENT/GUARDIAN EMPLOYMENT INFORMATION:**

Mother's place of Employment:	Father's place of Employment:
_____	_____
Mother's General Work Hours:	Father's General Work Hours:
_____	_____
Mother's Employment Address:	Father's Employment Address:
_____	_____
Mother's Business Phone:	Father's Business Phone:
_____	_____



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Child's Name: \_\_\_\_\_

**EMERGENCY/TRANSPORTATION CONTACT LIST**  
**PRIMARY LIST OF PERSONS AUTHORIZED TO PICK UP MY CHILD:**

*\*\*Note- People other than parents to be contacted in an emergency if parents cannot be reached*

Name #1: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Name #2: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Name #3: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

*\*NOTE- if additional space is needed, please use back of form*

**CONTINGENCY TRANSPORTATION LIST OF PERSONS**  
**AUTHORIZED TO PICK UP MY CHILD:**

*(i.e. neighbors, another parent in classroom, etc.)*

Name #1: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Condition for releasing child to such person: \_\_\_\_\_

Name #2: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Condition for releasing child to such person: \_\_\_\_\_



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Child's Name: \_\_\_\_\_

**CHILD'S PHYSICIAN INFORMATION:**

Physician's Name: _____	Physician's Group Name: _____
Physician's Address: _____	Physician's Phone Number: _____

Is there any information regarding your child's individual development, habits, or medical needs that we should be aware of?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FAMILY HISTORY AT HCP:**

- Has a parent been a member of the HCP Board? \_\_\_\_\_ Positions held? \_\_\_\_\_
- Does your child have a sibling that is attending or has attended HCP? \_\_\_\_\_
- Did you or your spouse attend HCP? \_\_\_\_\_
- Including the 17-18 school year, how many years has the applicant attended HCP? \_\_\_\_
- How did you hear about HCP? \_\_\_\_\_
- Would you like to be assigned a HCP mentor? Yes or NO (circle response)

\*\*\*\*\*

I have read, understood and agree to the HCP registration policy:

Parent/Guardian signature: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Date: \_\_\_\_\_