

# APPLICATION

The Fourth Church Day School  
126 East Chestnut Street  
Chicago, Illinois 60611-2094  
(312) 787-4570

**Please check your 1<sup>st</sup> and 2<sup>nd</sup> Choice:**

5-Day Morning Pre-School 9:00-11:45 A.M.

T/Th Twos-and-Parents 8:30-10:15 A.M.

3-Day Afternoon (M/W/Th) Pre-School 1:00-3:30 P.M.

T/Th Twos-and-Parents 10:30-12:15 A.M.

Date \_\_\_\_\_ Desired entrance date \_\_\_\_\_

Name of Child \_\_\_\_\_  
First Middle Last

Name by which he/she is called \_\_\_\_\_ Birth Date \_\_\_\_\_  
month/date/year sex

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Email (please print clearly) \_\_\_\_\_

Are parents living together? \_\_\_\_\_ Divorced? \_\_\_\_\_ Separated? \_\_\_\_\_

With whom does the child live? \_\_\_\_\_ Primary language spoken in the home \_\_\_\_\_

Legal guardian, if other than parents \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation and Firm \_\_\_\_\_

Business Address \_\_\_\_\_ Day Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation and Firm \_\_\_\_\_

Business Address \_\_\_\_\_ Day Phone \_\_\_\_\_

Are you a member of Fourth Presbyterian Church? \_\_\_\_\_ If no, other affiliation of preference? \_\_\_\_\_

For Twos and Parents, what adult will be the primary participant with the child? \_\_\_\_\_

Brothers and Sisters:

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ School \_\_\_\_\_

Other adults living with the family \_\_\_\_\_

General health of family members:

Mother \_\_\_\_\_ Father \_\_\_\_\_ Other Children \_\_\_\_\_ Other Adults \_\_\_\_\_

What previous group experience has the child had? \_\_\_\_\_

What contact with other children does the child have now? \_\_\_\_\_

Describe your child's daily routine (sleeping, eating, playtime, etc.): \_\_\_\_\_

Does your child have any problems with sleeping, toileting, or eating? \_\_\_\_\_

Does your child have behaviors which, at this time, you or other family members consider to be problems? \_\_\_\_\_

What are your child's special interests, abilities, and characteristics? \_\_\_\_\_

What are his/her dominant play interests? \_\_\_\_\_

Has he/she ever been hospitalized for any reason? Please describe dates: \_\_\_\_\_

Please list any contagious illnesses and serious accidents your child has had, and give dates: \_\_\_\_\_

Please list any allergies your child has: \_\_\_\_\_

Are there any other facts about your family situation or your child's development which you feel would contribute to a better understanding of your child and his/her needs? \_\_\_\_\_

Why do you want your child to attend the Fourth Church Day School? \_\_\_\_\_

Would you be able and willing to help if parents are needed to assist occasionally with trips or special projects? \_\_\_\_\_

How did you hear about the school? \_\_\_\_\_

*This application indicates your interest in the Fourth Church Day School and places your child's name on the application list. It is not an enrollment agreement. No fee is charged at this time. If a place is available for your child, an enrollment form will be sent to you.*

Please return form promptly to:  
Ruth Hornaday, Director  
The Fourth Church Day School  
126 East Chestnut Street  
Chicago, Illinois 60611