

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

Tu/Th2's AM____ T/Th 3's AM____ T/TH 3's PM____

MWF 4's AM____ M-F 4/5'sAM____ MWF 4's PM____

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 \$40 non-refundable fee payable to Algonquin Preschool is due at time of registration.

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