

# Shepherd of the Hills Preschool



We are preparing for the 2017 - 2018 School year and would love to have your Preschooler join us!

In an encouraging and caring environment we help our preschoolers build a strong foundation for their academic future.

Through planned learning activities, fieldtrips, family events, and play we make learning fun while preparing your child for Kindergarten.

## 3 Year old program

Tuesdays & Thursdays

9:00 am - 11:30 am

## 4 Year Old Program

Mondays, Wednesdays,

And Fridays

9:00 am - 11:45 am

## Pre-Kindergarten

### Program

Monday - Friday

(Five days)

9:00 am - 11:45 am

Call today to hear about our great programs and/or to schedule a tour. Ask for Jennifer.

(815)385-4030 or [jwalker@shepherdofhills.org](mailto:jwalker@shepherdofhills.org)

**\*\*We follow District 15's School Calendar\*\***

**Preschool Registration Form**  
**Shepherd of the Hills Preschool**  
**2017 - 2018 School Year**

Registration fee: \$60 (Due at Registration)

Ck# \_\_\_\_\_ or cash

(Circle the program you are enrolling in)

3 Year old Program

4 Year old Program

Pre-Kindergarten

Tu/Thu (2days)

M/W/F (3days)

M-F (5days)

**Information:**

Child's full name: \_\_\_\_\_

Name to write on papers: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City&State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Child lives with: Mom / Dad / Both Parents

**Parents/Guardians:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Best Phone #: \_\_\_\_\_

Best Phone #: \_\_\_\_\_

**Names of People allowed to pick-up your child from Preschool (other than Parents):**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

**Medical Information:**

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list all medical concerns that the staff should be aware of: (allergies, vision, hearing etc.)

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In the event of an emergency, I allow Shepherd of the Hills Preschool to call 911 and have my child transported to the local hospital for treatment. I agree to pay for all medical treatment.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Child's Development:** Please tell the staff any information that would help us understand your child better (fears, separation issues, etc.):

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Please list everyone that lives in your home (please include pets):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Child's Personality:** Please tell us any information that would help us understand your child better (shy, bossy, talkative, quiet, etc.)

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I wish to enroll my child at Shepherd of the Hills Preschool.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I would like the rest of the registration forms emailed to me at:

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