

# Shepherd of the Hills Preschool



404 N. Green Street \* McHenry IL 60050

We are preparing for the 2019 - 2020 School year and would love to have your Preschooler join us!

We offer:

**\*3 Year Old program**

**4 & 5 Year Old Programs**

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 them for Kindergarten.

Call today to hear about our great programs and/or to schedule a tour. We accept enrollment throughout the school year. Ask for Jennifer.

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

**Visit our webpage at [www.shepherdofhills.org](http://www.shepherdofhills.org)**

**We are also on Facebook at: [@SOHPreschool](https://www.facebook.com/SOHPreschool)**

**Register by May 1st and receive  
\$10 off of your registration fee!**

\*for children turning 3 after September 1st please call about program options.

# Preschool Registration Form

Shepherd of the Hills Preschool

2019 - 2020 School Year

Registration fee: \$60

(Due at Registration)

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

(Nonrefundable)

**circle program you are enrolling in**

<p><b><u>3 Year old Program</u></b></p> <p>Tuesdays and Thursdays 1/2 day - 9:00 am to 11:30 am \$155 a month</p> <p>Or</p> <p>Tuesdays and Thursdays Full day - 9:00 am to 300 pm \$_____ a month</p>
--

<p><b><u>4 &amp; 5 Year old Program</u></b></p> <p>Monday, Wednesday, Friday 1/2 day - 9:00 am to 11:45 am \$195 a month</p> <p>Or</p> <p>Monday, Wednesday, Friday Full day - 9:00 am to 300 pm \$_____ a month</p>
--

<p><b><u>4 &amp; 5 Year old Program</u></b></p> <p>Monday through Friday 1/2 day - 9:00 am to 11:45 am \$230 a month</p> <p>Or</p> <p>Monday through Friday Full day - 9:00 am to 300 pm \$_____ a month</p>
--

**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:** (Please put a number next to the names in the box in the order you would like us to call if there is an emergency or if your child is sick)

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

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

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

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

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

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

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

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

**Emergency Contacts in addition to Parents/Guardians:**

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

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

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

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

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

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.)

---

---

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.):

---

---

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.)

---

---

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:

\_\_\_\_\_

Please mail the rest of the paperwork to my home address.