

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

Visit our webpage at 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!

Preschool Registration Form

Registration fee: \$60

(Due at Registration)

Shepherd of the Hills Preschool

Ck# _____ or cash

circle program you are enrolling in

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

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

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

Name: _____

Relationship: _____

Relationship: _____

Occupation: _____

Occupation: _____

Cell Phone: _____

Cell Phone: _____

Emergency Contacts in addition to Parents/Guardians:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Best Phone #: _____

Best Phone #: _____

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

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.)
