

# CELEBRATION PRESCHOOL

At Christ Lutheran Church

## APPLICATION FORM

www.celebrationpreschool.com

2023-2024

Child's Name \_\_\_\_\_  
First Middle Last

Name you would like child to be called at school \_\_\_\_\_

Date of birth \_\_\_\_\_ Male / Female (please circle)  
MM/DD/YY

Parent/Guardian 1 Name: \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Town Zip

email \_\_\_\_\_ Cell Phone# \_\_\_\_\_  
Work Phone# \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Town Zip

email \_\_\_\_\_ Cell Phone# \_\_\_\_\_  
Work Phone# \_\_\_\_\_

### Two Year Old Program \$210.00 per month



Tuesday and Thursday 9:00AM to 11:00AM

**Applications are accepted BY MAIL ONLY and should be postmarked NO EARLIER than  
December 5, 2022**

**Mail to: Celebration Preschool 60 55<sup>th</sup> Street, Clarendon Hills, Illinois 60514.**

**Please submit a check for the first month's tuition with your application form. This check  
will be deposited when an offer of placement has been made and accepted.**

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_

**Please indicate by checking the box that you can provide the following DCFS required forms:**

- \_\_\_\_\_ 1. Birth Certificate issued by the State, not the Hospital record  
\_\_\_\_\_ 2. Current Medical Examination form including Vaccinations received to date.

**If you cannot provide these documents, please explain why on back of Application.**