

**CELEBRATION PRESCHOOL
APPLICATION FORM
2024-2025**

Child's Name _____

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 _____

Parent/Guardian 2 Name: _____

Home Address _____
Street Town Zip

Email _____ Cell Phone _____

**Two Year Old Program
\$215.00 per month**



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

Must be 2 by September 1, 2024

Signature of parent/guardian _____ Date _____

Please indicate below 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 the back of the application.

