

**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 _____

Please indicate your first and second choices in the appropriate boxes.

**Three Year Old Program
Monday, Wednesday, Friday
\$320.00 per month**

AM Program 8:45AM - 11:15 AM

PM Program 12:30 PM - 3:00PM

Must be 3 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.

