

**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.**

**Four Year Old Program  
Monday, Tuesday, Wednesday, Thursday  
\$420.00 per month**

AM Program 8:45AM - 11:15 AM

PM Program 12:30 PM - 3:00PM

**Must be 4 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.

