

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# _____

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

Four Year Old Program
Monday, Tuesday, Wednesday, Thursday
\$400.00 per month

AM Program 8:45AM to 11:15AM

PM Program 12:30 PM to 3:00PM

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

Mail to: Celebration Preschool 60 55th 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.