



Hinsdale Community Preschool, Inc.
 A Parent CO-OP School Since 1942
 415 W. Eighth Street, Hinsdale, IL 60521
 630-325-7484
 www.hinsdalecommunitypreschool.org



Celebrating 75 Years of Cooperative Learning!

PRESCHOOL REGISTRATION FORM 2017-2018 SCHOOL YEAR

Child's Name _____ Nickname _____

Parent Names _____ Parent Email _____

Age as of 9/1/2017 _____ Date of Birth _____ Circle One: Male / Female

Allergies _____

Street Address _____ City _____

State _____ Zip _____ Home Telephone (with area code) _____

PLEASE INDICATE YOUR CLASS PREFERENCE BY PLACING AN "X" IN THE BOX NEXT TO THE CLASS(ES) BELOW:

Please indicate your class preference by placing a check next to the class(es) below:

<input type="checkbox"/>	Just for Me Two, Monday Only 9:00am-11:00am	<input type="checkbox"/>	Discovery Kids Math, Monday (age 4 by 1/1/18) 11:15am-1:40pm, includes lunch
<input type="checkbox"/>	Just for Me Two, Friday Only 9:00am-11:00am	<input type="checkbox"/>	BookWorms Preschool, Tuesday (age 4 by 1/1/18) 11:15am-1:40pm, includes lunch
<input type="checkbox"/>	Just for Me Two, Mon & Friday 9:00am - 11:00am	<input type="checkbox"/>	STEAM Preschool, Wednesday (age 4 by 1/1/18) 11:15am-1:40pm, includes lunch
<input type="checkbox"/>	Junior AM, T-Th (age 3 by 9/1) 8:45am-11:10am	<input type="checkbox"/>	La Petite Masters Art, Thursday (age 4 by 1/1/18) 11:15am-1:40pm, includes lunch
<input type="checkbox"/>	Senior AM, M-Th,(age 4 by 9/1) 8:45am-11:15am	<input type="checkbox"/>	Discovery Kids Preschool,(age 4 by 9/1) 8:45am-11:15am

Please submit a Non-Refundable Registration Fee:

*****Registration Fee is due with Application*****

_____ \$100 for first child _____ \$50 for each additional child _____ \$30 for enrichment

(Please make checks out to Hinsdale Community Preschool, Inc.)

***HCP has a tuition assistance program covering up to 50% off annual tuition available to a limited number of Junior & Senior students. Please check here for more information (all inquiries are kept confidential): _____

OFFICE USE ONLY:

Date Fee Paid _____ Check # _____ Amount Paid _____

Date of Enrollment _____ Date of Discharge _____



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Child's

Name: _____

PARENT/GUARDIAN INFORMATION:

Mother's Name:

Father's Name:

Mother's Home Address:

Father's Home Address (if different):

Mother's Home Phone:

Father's Home Phone:

Mother's Cell Phone:

Father's Cell Phone:

Mother's Email Address:

Father's E-mail Address:

Preferred Phone No.(s) for School closings:

Contact information provided on this form will be used for our school directory

PARENT/GUARDIAN EMPLOYMENT INFORMATION:

Mother's place of Employment:

Father's place of Employment:

Mother's General Work Hours:

Father's General Work Hours:

Mother's Employment Address:

Father's Employment Address:

Mother's Business Phone:

Father's Business Phone:



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Child's Name: _____

EMERGENCY/TRANSPORTATION CONTACT LIST
PRIMARY LIST OF PERSONS AUTHORIZED TO PICK UP MY CHILD:

***Note- People other than parents to be contacted in an emergency if parents cannot be reached*

Name #1: _____ Address: _____

Phone Number: _____ Relationship to the child: _____

Name #2: _____ Address: _____

Phone Number: _____ Relationship to the child: _____

Name #3: _____ Address: _____

Phone Number: _____ Relationship to the child: _____

**NOTE- if additional space is needed, please use back of form*

CONTINGENCY TRANSPORTATION LIST OF PERSONS
AUTHORIZED TO PICK UP MY CHILD:

(i.e. neighbors, another parent in classroom, etc.)

Name #1: _____ Address: _____

Phone Number: _____ Condition for releasing child to such person: _____

Name #2: _____ Address: _____

Phone Number: _____ Condition for releasing child to such person: _____



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Child's Name: _____

CHILD'S PHYSICIAN INFORMATION:

Physician's Name: _____	Physician's Group Name: _____
Physician's Address: _____	Physician's Phone Number: _____

An Application with current Medical form and copy of original Birth Certificate must be on file before the child's first day of school.

Is there any information regarding your child's individual development, habits, or medical needs that we should be aware of?

FAMILY HISTORY AT HCP:

- Has a parent been a member of the HCP Board? _____ Positions held? _____
- Does your child have a sibling that is attending or has attended HCP? _____
- Did you or your spouse attend HCP? _____
- Including the 16-17 school year, how many years has the applicant attended HCP? _____
- How did you hear about HCP? _____
- Would you like to be assigned a HCP mentor? Yes or NO (circle response)

I have read, understood and agree to the HCP registration policy:

Parent/Guardian signature: _____

Name (printed): _____

Date: _____