

# Littlest Disciples Preschool

## First Congregational Church of Dundee

900 South Eighth Street, West Dundee, IL 60118-2136

Phone: 847.426.2161

[www.fccdundee.com](http://www.fccdundee.com)

Fax: 847.807.4951

### Littlest Disciples Preschool Registration Form

Name of Child \_\_\_\_\_

Nickname of Child \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

School Year 2024 - 2025  PK2/3 ~ Mondays and Wednesdays from 9:00 am - 12:00 pm  
 PK3 ~ Mondays, Wednesdays and Fridays from 9:00 am - 12:00 pm  
 PK4 ~ Mondays, Wednesdays and Fridays from 9:00 am - 12:00 pm

How did you hear about us? \_\_\_\_\_

#### Parent/Guardian Information

Name \_\_\_\_\_

Relation to Child \_\_\_\_\_

Home Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Cell &/or Pager # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Place of Employment \_\_\_\_\_

Address \_\_\_\_\_

Work Number \_\_\_\_\_

Work Hours \_\_\_\_\_

Church Attended \_\_\_\_\_

Name \_\_\_\_\_

Relation to Child \_\_\_\_\_

Home Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Cell &/or Pager # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Place of Employment \_\_\_\_\_

Address \_\_\_\_\_

Work Number \_\_\_\_\_

Work Hours \_\_\_\_\_

Church Attended \_\_\_\_\_

#### In case of illness or emergency, if unable to reach parents, contact in this order:

Name \_\_\_\_\_ Daytime # \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Daytime # \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_ Relationship to Child \_\_\_\_\_

#### Persons authorized to pick up your child (include parents):

1) \_\_\_\_\_ 3) \_\_\_\_\_

2) \_\_\_\_\_ 4) \_\_\_\_\_

#### List other siblings, ages and the school they attend:

1) \_\_\_\_\_ 3) \_\_\_\_\_

2) \_\_\_\_\_ 4) \_\_\_\_\_

#### TERMS AND CONDITIONS

1. If your child is entering First Congregational Church of Dundee's (FCC) programs for the first time, the enrollment is provisional for the initial four-week period during which readiness for and adaptability to the classroom environment will be determined. The program staff reserves the right to dismiss a child at any time, and in this event, tuition will be prorated for the period of attendance.
2. FCC provides staffing for the entire school year. Because of the program's financial commitments, tuition is not subject to adjustments because of illness, absence, "weather days," holidays, family vacation days or withdrawal of the child. In the event of an accident or chronic ailment, please contact the Coordinator.
3. I agree that any pictures taken of my child at FCC may be used for promotional purposes.
4. In consideration of the acceptance of a child in preschool, the parent agrees to indemnify FCC and all persons assisting in the program from any and all action, claim, cause, suit, debt, damages, judgments and demands whatsoever, in law or in equity, for loss or damage including personal injury or death, whether or not caused by my child's negligence while participating in the program.

"I have read the above Terms and Conditions and agree to be bound thereto."

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

continued →

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Name of Child \_\_\_\_\_

### Allergies/Medications

If your child has allergies/asthma, please list: \_\_\_\_\_

Does your child take any daily prescription medications?  Yes  No

Will your child need to use an inhaler while at school?  Yes  No

Does your child require emergency medication for bites, i.e. bee stings?  Yes  No

(Please indicate how and when)

\_\_\_\_\_

Are there any physical or other concerns that we should be made aware of in order to best serve your child?

Yes  No If yes, please explain \_\_\_\_\_

\_\_\_\_\_

### Signature authorizing inhaler use and/or administration of emergency medicine to be kept on school premises:

\_\_\_\_\_  
(Parent/Guardian Signature) (Relationship to Child) (Date)

### Medical Emergency

In case of medical emergency, every effort will be made to contact parent or emergency contact person. If unable to reach parent, I give permission to First Congregational Church of Dundee to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being. In cases of life threatening illness, parents give consent for treatment to be administered based on the decisions of the preschool staff. Parents will be contacted as soon as it is medically feasible.

By initialing the following, I give my consent for First Congregational Church of Dundee to:

\_\_\_\_\_ Administer First Aid/CPR, if needed.

\_\_\_\_\_ Call the Paramedics for treatment/transport to an emergency center.

\_\_\_\_\_ Secure the services of a licensed physician.

\_\_\_\_\_ Allow preschool staff to authorize any necessary treatment to insure the well-being of my child.

\_\_\_\_\_  
(Parent/Guardian Signature) (Relationship to Child) (Date)

### Physician Information

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

### For Office Use Only

Church Member Discount \_\_\_\_ Registration Fee Paid \$ \_\_\_\_\_