



# APPLICATION FOR ADMISSION TO THE ARK PRESCHOOL

Glen Ellyn Covenant Church

277 Hawthorne Street

Glen Ellyn, IL 60137

630-858-7755

website: www.gecovenant.org

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

Name you wish child to be called \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
Street \_\_\_\_\_ Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_ Address \_\_\_\_\_

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

Business Address \_\_\_\_\_ Phone \_\_\_\_\_ Hours \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_ Address \_\_\_\_\_

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

Business Address \_\_\_\_\_ Phone \_\_\_\_\_ Hours \_\_\_\_\_

Martial Status of Parents \_\_\_\_\_ Child Lives With \_\_\_\_\_

Name of Church Family Attends \_\_\_\_\_

Name of Child's Physician \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Sibling/s who previously attended The Ark and the year: \_\_\_\_\_

## Applying for School Year 2009 - 2010

### Indicate "1" for first class choice; "2" for second choice:

- |   |            |
|---|------------|
| _____ Nearly Threes: Monday/Wednesday a.m.                      | 9:30-11:15 |
| _____ Threes: Monday/Wednesday a.m.                             | 9:15-11:30 |
| _____ Threes: Tuesday/Thursday a.m.                             | 9:15-11:30 |
| _____ Older Threes/Fours: Monday/Wednesday/Friday a.m.          | 9:15-11:45 |
| _____ Fours: Tuesday/Thursday/Friday a.m.                       | 9:15-11:45 |
| _____ Fours: Tuesday/Thursday/Friday p.m.                       | 12:45-3:15 |
| _____ Older Fours/Fives: Tuesday/Wednesday/Thursday/Friday p.m. | 12:45-3:15 |

*(The above schedule may be subject to change, depending on enrollment.)*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**A \$60.00 non-refundable registration fee is due when application is submitted.**

### For office Use Only:

Date Application Received \_\_\_\_\_ Application Fee \_\_\_\_\_

Date of Admission \_\_\_\_\_ Date of Discharge \_\_\_\_\_

Medical Form \_\_\_\_\_ Background Information \_\_\_\_\_

Permission Form \_\_\_\_\_ Emergency Form \_\_\_\_\_