

FAMILY LIFE REGISTRATION

Child's Name: _____ Date of Birth: _____ Boy _____ Girl _____ School Year _____

Home Phone Number: _____ Home E-mail: _____ Martial Status: Married ___ Single ___ Separated ___ Divorced ___

Home Address: _____ City/State: _____ Zip: _____

Father/Guardian Name: _____ Mother/Guardian Name: _____

Father/Guardian Home Address, if different from above: _____ Mother/Guardian Home Address, if different from above: _____

Father/Guardian Employer's Name: _____ Mother/Guardian Employer's Name: _____

Address: _____ Address: _____

Business/Cell/Pager Phone/E-mail – Hours of Employment _____ Business/Cell/Pager Phone/E-mail – Hours of Employment _____

FULL/HALF - DAY PROGRAMS:

Pre-Kindergarten (childcare & preschool) (children 3-5 years old) Hours: 7:00 AM – 6:00 PM

5 Full/Half Days: M _____ T _____ W _____ TH _____ F _____ Anticipated Arrival/Departure Time: _____

4 Full/Half Days: M _____ T _____ W _____ TH _____ F _____ Anticipated Arrival/Departure Time: _____

3 Full/Half Days: M _____ T _____ W _____ TH _____ F _____ Anticipated Arrival/Departure Time: _____

2 Full/Half Days: M _____ T _____ W _____ TH _____ F _____ Anticipated Arrival/Departure Time: _____

Preschool (children ages 3-5 years old)

3 Half Days: T _____ W _____ TH _____ Hours: 9:00AM – 11:30AM (3 & 4 yr)

3 Half Days: T _____ W _____ TH _____ Hours: 9:15AM – 11:45AM (4 & 5 yr)

Kindergarten (children five years old before November 1) Hours: 7:00 AM – 6:00 PM

5 Full/Half Days: M _____ T _____ W _____ TH _____ F _____ Anticipated Arrival/Departure Time: _____

After Kindergarten (children five years old before November 1) Hours: 7:00 AM – 6:00 PM

5 Full/Half Days: M _____ T _____ W _____ TH _____ F _____ Anticipated Arrival/Departure Time: _____

I understand my responsibility regarding the payment of fees as outlined in the Financial Agreement. **FEES ARE DUE IN FULL EVEN IF MY CHILD IS ABSENT DUE TO ILLNESS, VACATIONS OR HOLIDAYS.**

Tuition payment for Full/Half-Day will be due Monday or the first day of attendance. Payment for the Part-Day preschool is due on the 1st Tuesday of each month.

*****SEE FINANCIAL AGREEMENT FOR FURTHER DETAILS.

Father/Guardian Signature

Mother/Guardian Signature

Are you a member of the First Congregational Church of Downers Grove?
Yes _____ No _____

Are you a member of another church?
Yes _____ No _____

Name of the church of which you are a member or attending: _____

Where did you hear about the Family Life Program? _____



OFFICE USE ONLY:

	DATE	CHECK #
Registration Paid	_____	_____
Activity Paid	_____	_____
Date of Admission	_____	_____
Date of Discharge	_____	_____
Received Parent Handbook	_____	_____

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A non-refundable registration fee (\$50.00) is due for new enrollees with this registration form. For current enrollees, the \$50.00 registration fee will be applied to the first week of the new school year.

When school begins in September, for all Programs there is a \$30.00 activity fee.

THE FAMILY LIFE PROGRAM RESERVES THE RIGHT TO MAKE ANY NECESSARY CHANGES IN ITS PROGRAM AND POLICIES WITH WRITTEN NOTICE.

