

CHESTNUT GROVE PRESCHOOL APPLICATION

I would like to enroll my child,

First _____ Middle _____ Last _____ (Name child prefers)

in the Chestnut Grove preschool program for the _____ school year.

_____ 3-year-old class meets Tuesday, Thursday & Friday (must be 3 by September 30 and toilet trained)

_____ Pre-kindergarten class meets Tuesday, Wednesday, Thursday and Friday (must be 4 by September 30)

_____ Pre-kindergarten class meets Tuesday, Thursday & Friday (must be 4 by September 30)

His/her birth date is: _____ / _____ / _____
Month Day Year

Parent names: _____

Address: _____

Phone numbers: Day _____ Evening: _____

Cell _____ E-mail address: _____

Church affiliation (if any): _____

Name of previous preschool or child care facility attended (if any): _____

Chestnut Grove Preschool will not administer any prescription or non-prescription medications, except in emergency situations which require the use of an Epipen or Inhaler. Please read the Health Issues section in the Chestnut Grove Parent Handbook for details. You will be asked to sign an Administration of Medication Policy Form stating that you understand this policy.

I have included a non-refundable \$50 deposit. The fee for the three-day program is \$ 200 per month. The fee for the four-day program is \$260 per month. Once my child is accepted into the program I will receive an Enrollment Form and Administration of Medication Policy Form, which should be returned with a non-refundable deposit of one month's tuition. **I understand that my child's enrollment is not guaranteed until I have returned the Enrollment Form, Administration of Medication Policy Form and fees.**

Parent/Legal Guardian Signature:

_____ Date: _____

If you have any questions please call the Preschool Director at 434-978-3819, ext. 11

How did you learn about Chestnut Grove Preschool? _____