



Joliet Central Preschool Application

Child's Name: _____

Date of Birth: _____ Male _____ Female _____

Father's Name: _____

Address: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Occupation: _____ Work Phone: _____

Email: _____

Mother's Name: _____

Address: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Occupation: _____ Work Phone: _____

Email: _____

Child lives with: ___ Father ___ Mother ___ Both ___ other: _____

In case of an emergency, if you are unavailable, who should be contacted?

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Is your child allergic to any kinds of foods or other items? _____

If yes, please list them.

Has your child attended any other preschool programs before? _____

If yes, where and when?

Please list all brothers and sisters and their ages:

How did you find out about our Playschool?

Newspaper _____ Friend _____ Sign in front of Central _____

Flyers _____ Other _____

Any additional comments that will help us to better understand your child: