



Enrollment Form for Gloryland Preschool

Name of Child: _____

Circle: Male/Female

Birthdate: _____ - _____ - _____

Class Selections

2's Program

*2 years old by Sept 1 * Diapers/Pull Ups Allowed per DCFS regulations*

_____ Monday/Wednesday **9:30-11:30 am**

_____ Tuesday/Thursday **9:30-11:30 am**

3's Program

3 years old by Sept 1 AND MUST BE TOLIET TRAINED per DCFS regulations

_____ Monday/Wednesday/Friday 9:00-11:30 am

_____ Tuesday/Thursday 9:00-11:30am

4's Programs

4 years old by Sept 1 AND MUST BE TOLIET TRAINED per DCFS regulations

_____ Monday/Wednesday/Friday 9:00-11:30 am

_____ MTWRF PK Class 9:00-11:30am

Parent/Guardian Signature: _____ Date: _____ - _____ - _____

Parent/Guardian Names: _____

Street _____ City _____ State _____ Zip _____

Main Phone Contact _____

EMAIL: _____

Office Use Only:

Date received: _____

Registration Packet Sent: _____

Check Number: _____ / Cash _____ Receipt given

Class Assigned: _____