



# APPLICATION

The Fourth Church Day School  
126 East Chestnut Street  
Chicago, Illinois 60611-2094  
(312) 640-2579    dayschool@fourthchurch.org

Three and Four-year-old programs:  
(3 yrs by Sept. 1)

☐ **5 Morning Preschool (AM)**  
M-F, 9:00-11:45am  
or 1:45pm w/lunch & enrichment

☐ **3 Morning Preschool (MWTh)**  
M/W/Th, 9:00-11:45am  
or 1:45pm w/lunch & enrichment

One and Two-year-old programs:

☐ **Together We Play** (1 yr by Sept. 1)  
Thursday 9:30am-10:45am

☐ **Twos Program** (2 yrs by Sept. 1)  
M/W, 9:30-11:30am

Date \_\_\_\_\_ Desired entrance date \_\_\_\_\_

Name of Child \_\_\_\_\_  
First Middle Last

Name by which he/she is called \_\_\_\_\_ Birth Date \_\_\_\_\_  
month/date/year gender

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Email (please print clearly) \_\_\_\_\_

Are parents living together? \_\_\_\_\_ Divorced? \_\_\_\_\_ Separated? \_\_\_\_\_

With whom does the child live? \_\_\_\_\_ Primary language spoken in the home \_\_\_\_\_

Legal guardian, if other than parents \_\_\_\_\_

Parent 1 \_\_\_\_\_ Occupation and Firm \_\_\_\_\_

Business Address \_\_\_\_\_ Day Phone \_\_\_\_\_

Parent 2 \_\_\_\_\_ Occupation and Firm \_\_\_\_\_

Business Address \_\_\_\_\_ Day Phone \_\_\_\_\_

Are you a member of Fourth Presbyterian Church? \_\_\_\_\_ Other affiliation? \_\_\_\_\_

For Twos and Together We Play which adult will be the primary participant? \_\_\_\_\_

Siblings:  
Name \_\_\_\_\_ Birth Date \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ School \_\_\_\_\_

Other adults living with the family \_\_\_\_\_

What previous group experience has the child had? \_\_\_\_\_

What contact with other children does the child have now? \_\_\_\_\_

Describe your child's daily routine (sleeping, eating, playtime, etc.): \_\_\_\_\_

Does your child have any problems with sleeping, toileting, or eating?

Does your child have behaviors which, at this time, you or other family members consider to be problems? \_\_\_\_\_

What are your child's special interests, abilities, and characteristics? \_\_\_\_\_

Has he/she ever been hospitalized for any reason? Please describe dates: \_\_\_\_\_

Please list any allergies your child has: \_\_\_\_\_

Are there any other facts about your family situation or your child's development which you feel would contribute to a better understanding of your child and his/her needs? \_\_\_\_\_

Why do you want your child to attend the Fourth Church Day School? \_\_\_\_\_

Would you be able and willing to help if parents are needed to assist occasionally with trips or special projects? \_\_\_\_\_

How did you hear about the school?

Friend \_\_\_\_\_ (name)

Internet \_\_\_\_\_ (website)

Other \_\_\_\_\_ (please explain)

***This application indicates your interest in the Fourth Church Day School and places your child's name on the application list. It is not an enrollment agreement. No fee is charged at this time. If a place is available for your child, an enrollment form will be sent to you.***

Please return form promptly to:

Kathy Hager, Director  
Fourth Church Day School  
126 East Chestnut Street  
Chicago, Illinois 60611  
[khager@fourthchurch.org](mailto:khager@fourthchurch.org)