## God's Gifts Preschool Registration Form 2024-2025

1976 Rt. 25 Oswego, II 60543 • 630-551-4454 • godsgiftspreschool@opchurch.org

\*Non-refundable registration fee is due at time of enrollment.

\*\$75.00 for single child and \$135.00 for families with more than one child.

\*Make checks payable to **God's Gifts Preschool** or pay by cash, exact amount only.

Child's Name:			
Date of birth:	Age:	Gender:	
Address:			
Primary Phone #:			
Any known allergies?			
Pare	ent/Guardian Inforn	action	
raie	eni/Guaraian illioni	<u>idilori</u>	
Parent #1/Leagal Guardian Name:			
Address:			
Phone #:			
Occupation/Employer:			
Workplace address:			
Parent #2/Leagal Guardian Name:			
Address:			
Phone #:			
Occupation/Employer:			
Workplace address:			

## **Program Selection for 2024-25**

Please mark 1<sup>st</sup> & 2<sup>nd</sup> to indicate your top 2 choices. Classes offerings are subject to change due to enrollment and staffing.

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2-DAY PRO	OGRAM: Thi	s program is fo	r children who are	3 years old	d by Septem	ber 1st. <u>Open</u>
<u>enrollmen</u>	t IS AVAILAE	BLE in this session	on for children who	<u>turn 3 afte</u>	<u>r September</u>	<b>1</b> st
			\$178.00/m \$178.00/m			
3-DAY PRO	OGRAM: Thi	s program is fo	r children who are	e 3 years old	d by Septemi	
<u>enrollmen</u>	t is NOT ava	<u>iilable in this se</u>	ssion for children	who turn 3 c	after Septemi	ber 1 <sup>st</sup> .
			\$225.00/m \$225.00/m			
PRE-K PRO	GRAM					
3-DAY PRO	OGRAM: This	s program is for	children who are	4 years old	by Septemb	per 1st.
			\$225.00/month \$225.00/month		<u> </u>	
4 day/5 da	ay combine	<u>ed:</u> This progran	n is for children wh	no are 4 yea	ars old by Se	ptember 1st.
There is an	option to s	tart out with 4 c	days and add the	5 <sup>th</sup> day late	r in the year	if you choose.
Pre-K Pre-K			\$262.00/month \$320.00/month		<u> </u>	
	_		designed for youn d of September.	g 5-year-ol	ds (late sum	mer birthdays)
			\$353.00/month \$402.00/month		<u>—</u>	
		ration forms and	n 9 monthly paymer d payment can be c s Gifts Preschool 19 Oswego, IL 6054	dropped off <b>76 Rt. 25</b>		
Office us	se Date form	received:				

Fee payment: Check #/Amount: \_\_\_\_\_ Cash/Amount: \_\_\_\_\_