

532 E. 87th Street
Chicago, IL 60619
773-488-4495

CHICAGO PRESCHOOL ACADEMY

ENROLLMENT APPLICATION

Child's Full Name: _____ Birth Date: _____
Address: _____ Home Phone: _____
City: _____ State: _____ Zip Code: _____ Date Enrolled: _____
Nick Name: _____

Mother's Full Name: _____ Home Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Occupation: _____ Work Phone: _____ Ext. _____
Employer: _____ Cell Phone: _____
Employer Address: _____ Work Hours: _____

Father's Full Name: _____ Home Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Occupation: _____ Work Phone: _____ Ext. _____
Employer: _____ Cell Phone: _____
Employer Address: _____ Work Hours: _____

\$100 Nonrefundable Registration Fee Due Upon Enrollment