2009-2010
REGISTRATION FOR TUITION-BASED PRESCHOOL PROGRAM

For School Office Use Only

Application No.:_____

Check Number and Date: _____

COMMUNITY UNIT SCHOOL DISTRICT 200

JEFFERSON SCHOOL 130 N. HAZELTON, WHEATON, IL 60187 PHONE: 630-682-2474 FAX: 630-462-1914

CHILD'S NAME _____
LAST FIRST MIDDLE

BIRTHDATE _____ **MALE** _____ **FEMALE** _____

ADDRESS _____

CITY _____ **ZIP CODE** _____ **HOME PHONE** _____

PARENT/GUARDIAN _____ **DAYTIME PHONE** _____

PARENT/GUARDIAN _____ **DAYTIME PHONE** _____

ELEMENTARY SCHOOL CHILD WILL ATTEND _____

IS YOUR CHILD RECEIVING ANY THERAPY SERVICES? YES_____ NO_____
IF YES, PLEASE LIST _____

HAS YOUR CHILD PREVIOUSLY BEEN SCREENED BY DISTRICT 200? YES_____ NO_____
IF YES, APPROXIMATE DATE:_____

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PLEASE INDICATE PROGRAM PREFERENCE FOR THE 2009-2010 SCHOOL YEAR:

THREE YEAR OLD PROGRAM (must be 3 years old by September 1, 2009)

_____ Tuesday through Friday 9:15 – 11:45 AM

_____ Tuesday through Friday 1:00 – 3:30 PM

_____ No preference for AM or PM session

FOUR YEAR OLD PROGRAM (must be 4 years old by September 1, 2009)

_____ Tuesday through Friday 9:15 – 11:45 AM

_____ Tuesday through Friday 1:00 – 3:30 PM

_____ No preference for AM or PM session

MY CHILD IS TOILET TRAINED _____ YES _____ NO

A deposit check in the amount of **$225.00** made payable to:

CUSD 200

must accompany this application.

This deposit represents your **September, 2009** tuition payment.