



130 N. Hazelton  
Wheaton, IL 60187  
Phone: 682-2474  
Fax: 462-1914

Thank you for your interest in the Jefferson Preschool Program. We would like to share the following information with you regarding acceptance into our program.

- You must be a resident of District 200.
- You must return your completed application and attach a \$225.00 check made payable to **CUSD 200** in order for your registration to be accepted. This amount represents your first month's tuition payment and is fully refundable if your child is unable to begin the program in Fall, 2008.
- You may either mail or drop off your application and check beginning December 3, 2007.
- Once the application is received at Jefferson, it will be assigned a number in the order in which it was received.
- On December 17<sup>th</sup>, available slots will be filled with the applications received at Jefferson in the numbered order in which they were received.
- Registration will be accepted until classes are filled.
- Confirmation letters will be mailed home on Thursday, December 20<sup>th</sup>.
- Tours of the school will take place at a later date. A preschool screening will also be scheduled for your child.

If you have any questions, please contact the Preschool Office at 630-682-2474.

**2008-2009  
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 2008-2009 SCHOOL YEAR:

**THREE YEAR OLD PROGRAM (must be 3 years old by September 1, 2008)**

\_\_\_\_\_ 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, 2008)**

\_\_\_\_\_ 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, 2008** tuition payment.