

# Elgin Mini Maroons Preschool Program Enrollment Application

(847)888-5100 ext: 8252

Located at Elgin High School, 1200 Maroon Drive Elgin, IL 60120

Please return application form to Lindsay Crane or email to [lindsaocrane@u-46.org](mailto:lindsaocrane@u-46.org)

## **Please Print or type**

Child's Name: \_\_\_\_\_

Child's Nickname: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_ Child's Gender: M \_\_\_\_\_ F \_\_\_\_\_

Primary Language: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

E-mail address(es) of parent/guardian:

\_\_\_\_\_  
\_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Father/Guardian employer: \_\_\_\_\_

Father/Guardian Work phone: ( ) \_\_\_\_\_

Father/Guardian Cell phone: ( ) \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Mother/Guardian Employer: \_\_\_\_\_

Mother/Guardian Work phone: ( ) \_\_\_\_\_

Mother/Guardian cell phone: ( ) \_\_\_\_\_

## Mini Maroons Preschool Additional Information

Does the child being enrolled have siblings? If yes, please list names and ages below:

Sibling Name	Age

Does the child being enrolled have allergies? If yes, please list below and include specific instructions that the preschool staff needs to know regarding each allergy.

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Is your child right handed or left handed? (you can circle one)

Previous experiences with preschools or other small group settings:

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Traumatic Experiences (please list any traumatic events/experiences in your child's life:  
examples: deaths, illnesses, getting lost, changes in home life)

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Mother/Guardian Signature/date

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Father/Guardian Signature/date

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