

DOWNERS GROVE CHRISTIAN SCHOOL

929 Maple Avenue • Downers Grove, IL 60515 • Phone: (630) 852-0832
Fax: (630) 852-0880 • Website: www.dgchristian.org • Email: office@dgchristian.org

APPLICATION FOR ADMISSION Preschool/Kindergarten

Name of Student _____
(Last) (First) (Middle Initial)

_____/_____/_____
(Birth Date) (Birthplace)

Student's Address _____
_____ Zip _____

Student's Phone (_____) _____ School Year 20____ / 20____

Please attach a copy of Student's birth certificate.

PATERNAL INFORMATION	MATERNAL INFORMATION
Full Name _____	Full Name _____
Occupation _____	Occupation _____
Home Address _____ _____ Zip _____	Home Address _____ _____ Zip _____
Home Phone (_____) _____	Home Phone (_____) _____
Email Address(es) (for school communication): _____	
Church Attendance _____ Yes _____ No	Church Attendance _____ Yes _____ No
If Yes, Name of Church: _____	If Yes, Name of Church: _____

Names and ages of other children in family:

Marital Status of Parents:

_____ Married _____ Separated
_____ Single _____ Divorced
_____ Widowed If Divorced, Remarried
Father _____ Yes _____ No
Mother _____ Yes _____ No

Student:

_____ Child of both parents by birth
_____ Mother's child by birth
_____ Father's child by birth
_____ Legally adopted child
_____ Foster Child

How did you hear about Downers Grove Christian School?

Please complete the reverse side of this form.

FOR OFFICE USE ONLY:
Reg Fee \$ _____
Check # _____
Date Rec'd _____

For our planning purposes, please indicate the length of time you intend to enroll your child in our program:

_____ Through Preschool _____ Through Elementary

_____ Through Kindergarten

Child will enter:

_____ Preschool 3 (Thursday & Friday 8:30 - 11:15 AM)

_____ Preschool 4 AM - 3 day program (Monday, Tuesday & Wednesday 8:30 - 11:15 AM)

_____ Preschool 4 PM - 5 day program (Monday - Friday 12:15 - 3:00 PM)

_____ Kindergarten Preference: _____ AM _____ PM

IMPORTANT NOTE:

Children must be the appropriate age by September 1st to be enrolled in program.

LIST NURSERY(S) OR PRESCHOOL(S) PREVIOUSLY ATTENDED:		
DATES	NAME OF SCHOOL	ADDRESS, CITY & STATE, PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe any physical disabilities (heart, hearing, speech impediment, nervous condition, etc.):

Why do you as parents desire to enroll your child at Downers Grove Christian School?

***If you are interested in applying for the Scholarship Program, please pick up an application in the school office.**

NOTE: This application does not assure final enrollment but provides information upon which a decision will be based. The registration fee must accompany this form for the application to be considered complete. This fee is non-refundable and does not apply to tuition.

“...those who hope in the Lord will renew their strength. They will soar on wings like eagles...” Isaiah 40:31