

## INFORMATION FOR LECHNER EARLY EDUCATION PROGRAM

**STUDENT INFORMATION** (Please print)

Today's Date: \_\_\_\_\_ For School Year: \_\_\_\_\_

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

First Middle Last

**Sex:**  Male  Female

**Child's Birthday:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Home School:**  Central  Harper  McKenzie  Romona

**Is your child taking any medication?**  Yes  No

If so, what? \_\_\_\_\_

**Person completing this form:**

**Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

### CLASS PREFERENCE AND SIGN-UP

All classes are multi-age, with children ranging in age from 3 years old to 5 years old. Please note that students who turn 5 before the start of the school year cannot attend preschool and must go to kindergarten.

Time	Days of Attendance	Cost	Preference (#1, 2, 3)
AM 8:45 - 11:05	M, T, W, TH (4 days)	\$3745	
AM 8:45 - 11:05	M, T, W, TH, F (5 days)	\$4665	
PM 12:10 - 2:30	M, T, W, TH, F (5 days)	\$4665	

Pay Online at: <http://wilmette.revtrak.net> (Wilmette Web Store)

- **Deposit:** A deposit of \$100 is required for all students to secure a spot for the fall.
- **Remaining Tuition:**
  - One payment due on or before August 15th
  - Monthly payments of \$364.50 (4 days) or \$456.50 (5 days) are due by the 15th of each month beginning August
  - Semester payments are due on August 15th and January 15th (\$1822.50 for 4 days or \$2282.50 for 5 days)

Return completed form to: Mikaelian Education Center, Attn: Kathy Hughes  
615 Locust Road, Wilmette, IL 60091  
(Please include your deposit with your registration form)

**Other important information about your child:**

Which preschool and/or preschool activities does your child attend? \_\_\_\_\_

Days and time of attendance \_\_\_\_\_

What does your child find joy in? (i.e. toys, games, activities, people) \_\_\_\_\_

\_\_\_\_\_

Has your child received services through Early Intervention?  Yes  No

If so, when? \_\_\_\_\_ Which services? \_\_\_\_\_

Service Coordinator \_\_\_\_\_

Do you have concerns about your child's speech development?  Yes  No

If so, please explain \_\_\_\_\_

\_\_\_\_\_

Do you have concerns about your child's eating, sleeping, or toileting habits?  Yes  No

If so, please explain \_\_\_\_\_

\_\_\_\_\_

What things do you enjoy most about your child?

\_\_\_\_\_

Is there any information about your child that should be known in case of an emergency? (allergies, asthma,

etc.)  Yes  No

If so, please explain. (Attach an addition sheet if necessary):

\_\_\_\_\_

\_\_\_\_\_

Do you think your child walks, runs, and climbs like other children his/her own age?  Yes  No

Do you have any concerns about your child's hearing?  Yes  No

Do you have any concerns about your child's vision?  Yes  No

Any other important information about your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_