

Preschool Application Process

Glenbard West High School offers a 12 week teaching and training preschool program in each of its high schools for a limited number of three, four and five-year-old students. The program is an opportunity for our high school students who are interested in early childhood education to work alongside early childhood educators and provide a unique experience for families in the community. Glenbard West students have the opportunity to earn class credit in Childhood Development courses as part of this immersive experience.

Program and Application Information

This program is for three, four, and five-year-old (pre-kindergarten) children. Children must be potty trained and submit proof of up-to-date immunizations. A copy of your child's Birth Certificate and Immunizations must be submitted once admitted. Session length and fees may vary each year (and may be different at each school).

At West, there are two sessions, Fall and Spring. Each session is approximately 12-13 weeks and meets on Tuesdays, Wednesday, and Thursdays. The time varies but usually is around 8:30 or 9:00 start and ends at 11:00 or 11:50 (this will be determined usually by March). Once you are admitted for the Fall you will be automatically registered for the Spring as well. (unless something changes, move, etc.)

The fee for the Preschool Program for each session, 12-13 weeks, is \$150 (fall) and \$150 (spring) and a deposit is required at the time you are officially accepted. Please make your check payable to Glenbard West High school and include "Preschool" in the memo of the check.

Submission of this application form does not guarantee your child a spot in the program.

By submitting this form, I am applying for a spot for my child in the CASTLE PRESCHOOL program at Glenbard West. Please send applications to my email abigayle.skidmore@glenbard.org, or mail them/drop off to Glenbard West High School 670 Crescent Blvd., Glen Ellyn, IL. 60137 Attn: Abbey Skidmore.

Applications will be accepted until enrollment is full. Staff will evaluate completed applications in order to identify the best match for our

preschool program. The focus is on meeting the learning objectives for our high school students (as future preschool teachers) and work to build a classroom around our high school students' needs.

Once the selection process is complete, we will let you know via email that you have been accepted into **CASTLE PRESCHOOL**.

At this time, you will need to send in any immunization forms, copy of the child's birth certificate, and the deposit to be applied towards the Fall session.

You will be added to our group email list of preschoolers for the school year 2022-2023 and given reminders, dates, etc. as we are closer to the start of the year in September 2022.

If the program does not fill up, we will keep the application process open and anyone not admitted will be on a waitlist if we do have an opening. Thanks!

Preschool Application Form

Student Information

Child's Name:	
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Child's Date of Birth:	
Parents' or Guardians' Names:	
Address:	
Daytime Phone Number:	
Email:	

Is your child potty trained? Yes ☐ No ☐

Please provide any additional information regarding your child's personality,
needs, potty routine, etc.: _____

Family Information

Parent/Guardian's Name:	
Cell phone:	Work phone:
Address:	
Email:	

Parent/Guardian's Name:	
Cell phone:	Work phone:
Address:	
Email:	

Are Parent/Guardian's married: Yes ☐ No ☐

If Parent/Guardians are not married, please describe the custody arrangement.
If you have a court ordered custody arrangement, please attach your custody agreement or order.

Primary Language spoken at home: _____

Please list any other adults living in the home (name/relationship to child): _____

Siblings in the Home

Name: _____ DOB: __/__/_____ Gender:
Male Female

Name: _____ DOB: __/__/_____ Gender:
Male Female

Name: _____ DOB: __/__/_____ Gender:
Male Female

Name: _____ DOB: __/__/_____ Gender:
Male Female

Health Information

Child's Physician: _____ Physician's Phone: _____

Insurance Company: _____

Allergies: _____

Does your child require medical treatment or medication (during the preschool session)?

Yes ☐ No ☐

Medical Conditions/Needs: _____

Food Restrictions, Needs or Concerns: _____

Was your child evaluated through Early Intervention (EI) or similar program? If so, when and why?

Did your child receive Early Intervention (EI) services? If so, please describe: _____

Are your child's vaccinations up to date? Yes ☐ No ☐

If no, will your child's vaccinations be up to date prior to the start of the program?

Yes ☐ No ☐

Please note that the District only allows students to enroll in the preschool program who are up-to-date on their immunizations. This requirement is necessary to ensure the health and safety of both our high school students and the preschool students.

EMERGENCY CONTACTS

In the event of an emergency, Glenbard High School District 87 preschool programs will call parents/guardians as soon as possible. In the event parents/guardians cannot be reached at the phone numbers provided, the following people may be contacted:

Name: _____ Relationship to Child: _____
Phone: _____

Name: _____ Relationship to Child: _____
Phone: _____

TRANSPORTATION

Transportation to and from any of the Glenbard High School District 87 preschool programs is the sole responsibility of the parents/guardians. The parents/guardians give the following people permission to pick up or remove their child from the preschool program:

Name: _____ Relationship to Child: _____
Phone: _____

Name: _____ Relationship to Child: _____
Phone: _____

Name: _____ Relationship to Child: _____
Phone: _____

TERMINATION OF ENROLLMENT

Glenbard High School District 87 reserves the right to terminate a child's placement in the preschool program at any time, for any reason, if it is in the best interests of Glenbard High School District 87 students and/or the preschool student or in the best interest of advancing the goals of the program.

_____Initial

PHOTO AND VIDEO RELEASE

I understand that my child may be photographed or videotaped by Glenbard High School District 87 and that the photo or video may be used in promoting the preschool in print, on the internet, or on social media. By signing below, I give my permission for my child to be photographed or their images to be recorded for print or electronic use in promoting the preschool. I understand it is my responsibility to update this form in the event I choose to withdraw authorization for the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for the use of my child's image. _____initial

Parent/Guardian Signature: _____ Date: _____
