**Streamwood Tiny Tots Preschool**

**\*\*Please save this sheet for your records\*\***

Thank you for your interest in the Streamwood Tiny Tots Preschool Program. Please fill out the registration form below and return it to the address listed on the bottom. You can e-mail it to morganbykoff@u-46.org, or turn it in the office (through the frontal door) and inform the staff to place it in Morgan Bykoff’s mailbox.

**Please do not include money** with the application form. Upon acceptance, you will receive information detailing parent night, date/times of preschool and registration fees and payment procedures.

**Enrollment:**

As an integral part of the Family and Consumer Science curriculum, the Childhood Education course is designed to provide a lab school experience for enrolled high school students. Preschool children may participate in the program several days a week. Students MUST be potty trained by first day of preschool as well as be the age of the program in which you are requesting admittance to.

A current medical form must be filled out by the child’s doctor, and submitted by the first day of the preschool program.

**Fees:**

The preschool program fee is $250 for the school year. This fee covers supplies for the children. Payments can be provided directly to me. If paid at the main office or paid with credit card, *please drive to the front parking lot and enter the office through that door.* There is visitor parking available The fee is non-refundable once the preschool year has begun. If payment is divided in two, initial payment of $125 must be paid by the first day, and the second payment of $125 is due after the winter break.

**Schedule:**

Our preschool schedule varies from the U-46 calendar**. Our preschool program does not start until September and ends in early May. Our program admittance is first come first serve, with limited spots available. Once the registration form is completed and returned, I will be contacting prospective candidates.** Please be advised that our preschool program must adapt to the flexible nature of the high school schedule; therefore, cancellations and/or changes in the daily schedule may occur. We will inform you as far in advance as possible.

Please fill out the registration form and send it/e-mail to the address below:

**Thank you,**

**Morgan Bykoff**

**morganbykoff@u-46.org**

**Streamwood High School, 701 W. Schaumburg Rd. Streamwood, IL 60107**

Streamwood High School

TINY TOTS PRESCHOOL REGISTRATION FROM 2019-2020

Full name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child prefers to be called: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_

Preference of child’s name on printed items such as nametags, cubbies, etc.:

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

Parent(s)/Guardians first and last names: First person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Second: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First person’s address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second person’s address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name and phone number of another person to contact in case of an emergency:**

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

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPECIAL NEEDS: Does your child have any allergies, health problems, fears, or other special needs that would help us to work more effectively with your child?

Please describe:

Any other information that you would like the teachers to know:

Have you had any children in our program before? No Yes

Name(s) of children:

How did you learn about our program?

Please circle which program you are registering for: 3 year old 4 year old

Please fill out the registration form and send it/e-mail to the address below:

**Morgan Bykoff**

**morganbykoff@u-46.org**

**Streamwood High School, 701 W. Schaumburg Rd. Streamwood, IL 60107**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_