

**Gurnee Christian Preschool**  
**2190 Fuller Rd.**  
**Gurnee, Ill. 60031**  
**847-360-9042**

**Application for Admission**

Please Print

Date of Application: \_\_\_\_\_ Start Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Last) (First)

Student Home Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

Student Home Phone Number: \_\_\_\_\_

**Parent Information**

**Mother's Name/Legal Guardian:** \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

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

Marital status: (Circle one) Single/Married/Separated/Divorced

Religion: (Optional) \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Employment Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Employment Phone Number: \_\_\_\_\_

**Father's Name/Legal Guardian:** \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Marital Status: (Circle one) Single/Married/Separated/Divorced

Religion: (Optional) \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Employment Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Employment Phone Number: \_\_\_\_\_

If parents are separated or divorced, please provide the name of the parent who has legal custody of child:

\_\_\_\_\_  
Please provide name and number of person(s) to be contacted in case of sickness or emergency, when mother/father or legal guardian cannot be reached. Child may be released to this authorized individual to take home.

Name: \_\_\_\_\_ Phone/Cell# \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Work phone number: \_\_\_\_\_

Printed name and signature of person responsible for account:

\_\_\_\_\_