



THUNDERBIRD PRESCHOOL

625 Rudat Court, Crystal Lake, IL 60014
815-459-2266



OFFICE USE ONLY

Reg. Fee: _____

Class: _____

Start Date: _____

End Date: _____

2022-2023 REGISTRATION

Child's Given Name: _____ Sex: ____ Age: ____ Date of Birth: _____

Name to be used/taught at school: _____ Child's Hand Preference: _____

Address: _____ City: _____ Zip: _____

Mother's Name: _____ Father's Name: _____

Mother's Primary Phone: _____ Father's Primary Phone: _____

Primary Contact: Mother Father Marital Status: _____

Email(s): _____ Is child's parent or sibling an alumni? Yes ___ No ___

Names & Birthdates of Siblings: _____

PROGRAMS – Please mark a first and second choice:

Super Tots *With* Parent (age 2 by Sept. 1)

_____ Saturday AM 8:30-10:30

Super Tots *Without* Parent (age 2 1/2 by Sept. 1)

_____ Tuesday and Thursday AM 9:00-11:15

Super 5's (age 4 by Sept. 1)

_____ Monday-Friday PM 12:30-3:15

Juniors (age 3 by Sept. 1)

_____ Monday, Wednesday, Friday AM 8:30-11:15

_____ Tuesday and Thursday AM 8:30-11:15

_____ Monday, Wednesday, Friday PM 12:30-3:15

Seniors (age 4 by Sept. 1)

_____ Monday, Wednesday, Friday AM 8:30-11:15

_____ Monday, Wednesday, Friday PM 12:30-3:15

_____ Tuesday and Thursday PM 12:30-3:15

How did you first hear about Thunderbird: _____

If you were referred by a Thunderbird family, please let us know so we can personally thank them!

Name: _____

Address: _____

City/State/Zip: _____

Does your child have any allergies or special health conditions Yes No

If yes, please list: _____

Parent Signature: _____ Date: _____