



THUNDERBIRD PRESCHOOL

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



OFFICE USE ONLY

Reg. Fee: _____
Class: _____
Start Date: _____
End Date: _____

2024-2025 REGISTRATION

Child's Given Name: _____

Sex: _____ Age: _____ Date of Birth: _____

Name to be used/taught at school: _____

Child's Hand Preference: _____

Parent 1: _____

Parent 2: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Primary Phone: _____

Primary Phone: _____

Email: _____

Email: _____

Names & Birthdates of Siblings: _____

Is child's parent or sibling an alumni? Yes _____ No _____ If yes, whom: _____

PROGRAMS – Please mark a first and second choice:

Super Tots (age 2 by Sept. 1)

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

Seniors (age 4 by Sept. 1)

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

_____ Monday, Wednesday, 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

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

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

_____ Monday-Friday 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 receive any special services (Speech, OT, PT, EI)? Yes No

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

If either answer is yes, please list:

Parent Signature: _____ Date: _____