



2023-2024

(773) 202-0554
4008 W. Rosemont
Chicago, IL 60646

PRESCHOOL • ALL DAY KINDERGARTEN • DAYCARE

Admission/Emergency Form

Admit Date: _____ Re-Admit Date: _____

Child's Name: _____ Gender: M / F

Home Address: _____

City: _____ IL Zip: _____

Home Phone: _____

Cellular Phone(s): _____

Email(s): _____

Birthplace: _____ Birth Date: _____

Requested Enrollment Date: _____

Requested Enrollment Days: _____

Parent/Guardian Name: _____

Occupation: _____

Employer: _____

Employer Address: _____

Employer Phone: _____

Parent/Guardian Name: _____

Occupation: _____

Employer: _____

Employer Address: _____

Employer Phone: _____

Parent(s) Marital Status: _____

Sibling(s) Names(s) and Age(s): _____

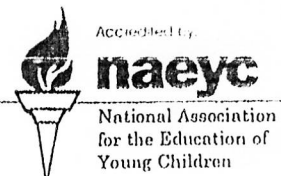
List Allergies of Any Kind: _____

Physician Information:

Physician Name: _____

Address: _____ Phone: _____

Name of Insurance Company: _____ Policy / ID# _____



Emergency and Transportation Contacts (Must Be Able To Provide Valid Photo Identification and 18 years of age or older):

1. Name: _____

Address: _____

Phone: _____ Relationship: _____

2. Name: _____

Address: _____

3. Name: _____

Address: _____

Phone: _____ Relationship: _____

Your child will not be released to anyone other than those listed above, unless you have made prior arrangements in writing with a staff member.

CHILD PROFILE

Please list any previous early childcare and/or educational experience your child has had? _____

Who reside in the family home? _____

Describe your child's general health (allergies), temperament, personality, etc. _____

Does your child have any specific medical or physical needs? _____

Are you concerned about your child's hearing? _____ vision? _____ speech? _____

What are your child's eating habits? (Allergies, likes, dislikes, etc.) _____

What are your child's favorite activities? _____

What phone number would you like your child to learn to recite? _____

Does your child have any specific habits for sleep? _____

How would you describe your child's social skills with adults? _____

Other children? _____ strangers? _____

Any other specific information you would like to share: _____

Consent Form:

1. I hereby give my consent to have my child receive first aide treatment in the center and/or be treated by a physician for a medical or surgical care should an emergency arise. I understand that every effort will be made to contact me before such action is taken. I consent for my child to be taken to the nearest hospital in the event of an emergency to receive necessary medical attention if unable to contact either parent. Although the children are closely supervised at all times, accidents may still occasionally occur. I agree to release All Aboard Learning Express, Inc. from liability for accidents.
2. I hereby grant permission for my child to leave school and school area for the purpose of walks, park visits, or excursions under teacher supervision. I authorize All Aboard Learning Express, Inc. to transport my child to and from the center when necessary.
3. I hereby give my consent to have my child's picture/video taken during daily activities at the center for use in promotional purposes.
4. I have read the All Aboard Learning Express, Inc. handbook and understand and agree to all its policies.
5. I am aware of the policy regarding my child's daily release to only authorized persons listed on this form or those noted on a letter signed by a parent or guardian.

Date: _____

Parent(s) / Guardian(s) Signature _____