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Chicago, IL 60646

EARLY CHILDHOOD EDUCATION AND JR. KINDERGARTEN PROGRAMS

Application/Emergency Form 2026-2027

Admit Date: _____

Re-Admit Date: _____

Child's Name: _____ Gender: M / F

Home Address: _____

City: _____ IL Zip: _____

Home Phone: _____

Cellular Phone(s): _____

Email(s): _____

Birthplace: _____ Birthdate: _____

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 Name(s) and Age(s): _____

Physician Information:

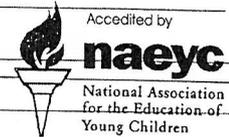
Physician's Name: _____

Address: _____

Phone: _____

Name of Insurance Company: _____

Policy / ID #: _____



Emergency and Transportation Contacts (Must be able to provide Valid Photo Identification and be 18 years of age or older):

1. Name: _____

Address: _____

Phone: _____ Relationship: _____

2. Name: _____

Address: _____

Phone: _____ Relationship: _____

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.

GENERAL CHILD PROFILE

Please list any previous childcare and/or educational experiences your child has had:

Who resides 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, dislike etc.) _____

What are your child's favorite activities? _____

Does your child have any specific sleep habits? _____

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

Any other information that you would like to share about your child? _____

TODDLER/INTRO TO PRESCHOOL PROFILE ONLY

Does your child still drink from a bottle at home? _____

Does your child walk unassisted? _____

Does your child sit up on their own? _____

Is your child able to sit in a chair on their own? _____

Does your child require a pacifier at any time of the day? _____

Does your child eat solid foods? _____

Does your child eat independently? _____ Do they use utensils? _____

How many naps does your child generally take in a day? _____

Consent Form:

1. I hereby give my consent to have my child receive first aid 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 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.

Parent(s)/Guardian(s) Signature

Date: _____

EMERGENCY INFORMATION CARD
All Aboard...Learning Express, Inc.

2026-2027

Child's Name _____
Birthdate _____
Parent(s)/Guardian(s) _____
Home Phone # _____
Cell Phone # _____
Email _____
Home Address _____
Parent/Guardian Employer _____ Phone _____
Parent/Guardian Employer _____ Phone _____
Child's Doctor _____ Phone _____
Emergency Contact _____ Phone _____
List Allergies to Food, Medication, or Treatment _____
