



THE CO-OP PRESCHOOL

220 S. MAIN STREET • LOMBARD, ILLINOIS 60148

Admission Data 2026-2027

Child's Name

Name you would like your child called at school

Male _____ **Female** _____

Child's Birthdate _____

Place of Birth _____

First Parent's Name _____

Second Parents Name _____

Marital Status _____

Home Phone # _____

Cell Phone # _____

Address

Email Address

Second Parent's Address (if not living in the same house)

Please list other children in your family by name and age.

Has your child previously attended a preschool or park program? If yes, where?_

Is there anything about your child we should know?

Are there any holidays or events your family celebrates?

Does your child have any emotional or social problems?

Does your child have any physical problems?

Does your child take any medications on a regular basis?

Is your child potty trained?

Does your child have any allergies or food restrictions?

Which school district do you reside?
