



# THE CO-OP PRESCHOOL

220 S. MAIN STREET • LOMBARD, ILLINOIS 60148

## Admission Data 2026-2027

**Child's Name**

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**Name you would like your child called at school**

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**Male** \_\_\_\_\_ **Female** \_\_\_\_\_

**Child's Birthdate** \_\_\_\_\_

**Place of Birth** \_\_\_\_\_

**First Parent's Name** \_\_\_\_\_

**Second Parents Name** \_\_\_\_\_

**Marital Status** \_\_\_\_\_

**Home Phone #** \_\_\_\_\_

**Cell Phone #** \_\_\_\_\_

**Address**

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**Email Address**

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

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

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

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**Is there anything about your child we should know?**

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**Are there any holidays or events your family celebrates?**

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**Does your child have any emotional or social problems?**

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**Does your child have any physical problems?**

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**Does your child take any medications on a regular basis?**

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**Is your child potty trained?**

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**Does your child have any allergies or food restrictions?**

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**Which school district do you reside?**

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