

1128 Compass Court
Naperville, Illinois 60540
630-983-9190

3040 Reflection Drive
Naperville, Illinois 60564
630-848-1122



Application fee: \$100/child (\$150 family)

APPLICATION FOR ADMISSION

FOR OFFICE USE ONLY

Date application received _____ Date application fee received _____

Deposit received _____ Deposit received by _____

Comments: _____

THE APPLICANT

Desired Start Date: _____

Desired Schedule: _____

Child's Name

First (Nickname) Middle Last

Home Address

Home Telephone () - _____ Cellular () - _____

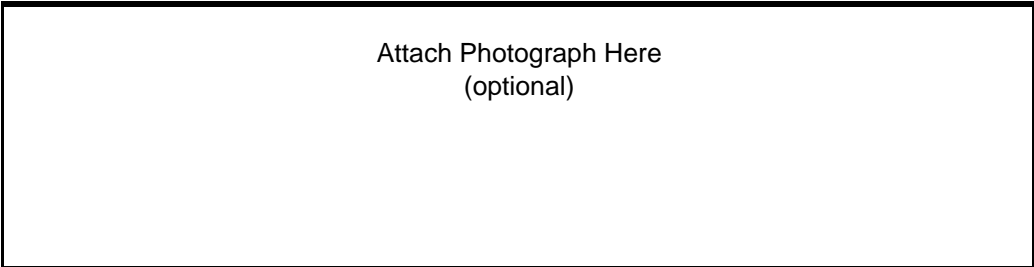
Home Fax () - _____ E-mail _____

Date of Birth _____ Social Security # _____ - _____ - _____

Gender _____

Are there any health or educational needs of which we should be aware of which will help us plan and provide for the applicant's educational experience? _____

Please list any other important information pertaining to your child that you would The Compass School staff to be aware of:



THE APPLICANT'S FAMILY

Parent/Guardian	Parent/Guardian
Title (circle one): Mr., Mrs., Miss, Dr., Rev.	Title (circle one): Mr., Mrs., Miss, Dr., Rev.
Relationship to applicant: _____	Relationship to applicant: _____
Name: _____	Name: _____
Telephone: () - _____	Telephone: () - _____
Address: _____ _____	Address: _____ _____
Employer's Name _____	Employer's Name _____
Telephone: () - _____	Telephone: () - _____
Fax: () - _____	Fax: () - _____
Address: _____ _____	Address: _____ _____
Position/Title: _____	Position/Title: _____
Work Hours: _____	Work Hours: _____

Check all that are applicable:

_____ Parents married	_____ Mother remarried	_____ Father deceased
_____ Parents divorced	_____ Father remarried	_____ Other (please explain)
_____ Parents separated	_____ Mother deceased	_____

Child Lives With:

_____ Mother	_____ Both
_____ Father	_____ Other

Child's Physician or Christian Science Practitioner:

Name	Address	Phone Number
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1. _____

Individuals, other than parents or legal guardians authorized to pick your child up from The Compass School on a regular basis:

Name	Address	Phone Numbers
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1. _____

2. _____

** - To authorize individuals to pick up on an occasional basis, please use a Child Departure Pass

If parents cannot be reached, Name, Address, & Phone # of who should be reached in the event of an emergency:

1. _____

2. _____

5. From time to time, visitors from our community, such as students or teachers from university early childhood programs, or individuals contracted to conduct training for The Compass School, will be present in our classrooms. Your signature provides consent for observation of your child within our classroom environments by visitors to our school who are employed by The Compass School.

Initial-Parent/ Guardian

Date

6. As part of The Compass School's project-based curriculum, teachers often support children's explorations by collecting data or going on short "adventures" outside. By signing below, you are authorizing supervised "walking field trips," where children and teachers may travel off The Compass School's property in order to support an educational goal of the class. Such "walking field trips" would be fully staffed with teachers and or administrators, and take place within close proximity to the school.

Initial-Parent/ Guardian

Date

7. I have read and understand The Compass School's pesticide policies as outlined in The Program Guide for Parents.

Initial-Parent/ Guardian

Date

8. I have read and understand The Compass School's late pick-up procedures as stated in The Program Guide for Parents.

Initial-Parent/ Guardian

Date