

Registration of Interest in Placement into SAILL Preschool Program at DePaul School

I am interested in enrolling my child in the SAILL Preschool Program. I understand that I must pay a non-refundable fee of \$30 to register this intent. I also understand the completion of this form does not guarantee my child placement in the program.

Checks may be made payable to DePaul School for Hearing and Speech.

PLEASE PRINT			
Child's Name (Last, First)	Birth Date (mm/dd/yy)		Gender
Street Address			
City	State		Zip
Parent/Guardian's Name #1	Work Phone	Cell Phone	Home Phone
Parent/Guardian's Name #2	Work Phone	Cell Phone	Home Phone
Parent/Guardian #1 Email Address	Parent/Guardian #2 Email Address		
3-4 Year Old Program: AM Half Day (M-3-4 Year Old Program: Full Day (M-Th, 9	:10am-2:35pm) gram Only	3-4 Year Old Pro Beginning	ogram Only
Does your child receive any outside services?	Yes No If		
Has your child been enrolled in school before? If yes, where?		ng?	
How did you hear about the SAILL Preschool Program at DePaul School? Friend SAILL/DePaul Website Current/Previous family Internet Search Social Media Other:	Confirmation Se Confirmation Se	For Office Use Only ===================================	