

# Registration Half Day Preschool School Year Program



REGISTRATION YEAR: 2026-27

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone (Work): \_\_\_\_\_

Email: \_\_\_\_\_  Currently Enrolled  ECEC Alumni  Community

IEP/Special Needs?  Yes  No If Yes, please specify: \_\_\_\_\_

Ethnicity (optional):  Hispanic or Latino or Spanish Origin  Not Hispanic or Latino or Spanish Origin

Race (optional):  American Indian or Alaska Native  Asian  Black or African American  White  Multi-Racial

**Please rank 1 for 1st choice and 2 for 2nd choice as your child's needs determine and check the corresponding Extended Day program that will be needed for each day:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> T/Th Morning Preschool (9-11:30 a.m.)<br>Extended Day: <input type="checkbox"/> T <input type="checkbox"/> Th<br>(11:30a.m. - 3:30p.m.) | <input type="checkbox"/> M/W/F Morning Preschool (9-11:30 a.m.)<br>Extended Day: <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> F<br>(11:30a.m. - 3:30p.m.) | <input type="checkbox"/> M-F Morning Preschool (9-11:30 a.m.)<br>Extended Day: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F<br>(11:30a.m. - 3:30p.m.) |
|--|---|--|

**To enroll in the ECEC school year Half Day Preschool program, children must be 3 years old by September 1, 2026 and potty trained before school begins.** Space will be reserved upon availability and payment of a \$125.00 non-refundable registration fee and a copy of the child's birth certificate. A \$125.00 materials fee is due before the first class day of the 2026-27 school year. Please make checks payable to Concordia University Chicago. When your child is accepted into the program, we will notify you of your child's class and supply you with the forms needed to complete enrollment.

How did you hear about ECEC?  Current Family (Family Name: \_\_\_\_\_)  ECEC Alum Family  Website  Social Media  Other

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY Date Received: \_\_\_\_\_  Registration Fee received  Materials Fee received |  In ProCare