

Date: \_\_\_\_\_

**Ottawa Opportunity School**

114 East Jefferson Street

Ottawa, IL 61350

(815) 433-2731

**EXPLORING OPPORTUNITY SCHOOL**

**An Introduction to Preschool for Two Year Olds**

**Application Form**

\_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female  
Full Name of Child

\_\_\_\_\_ Birthdate - Month/Day/Year  
Preferred Name/Nickname

\_\_\_\_\_ Phone  
Street Address City Zip Code

\_\_\_\_\_ Date  
Parent or Guardian (Please PRINT Name) Signature

\_\_\_\_\_  
Email

\_\_\_\_\_  
Name of adults who will attend with child  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Class Times**

Please indicate the class you would like by placing a 1, 2, or 3 beside the class time preferred. (1 being the most desired and 3 being the least desired) **\*\* Times of classes are subject to change based on enrollment. \*\***

\_\_\_\_\_ Wednesday Evening (5:45 - 7:00) \_\_\_\_\_ Thursday Evening (5:45 - 7:00)  
\_\_\_\_\_ Friday Morning I (8:45 - 10:00) \_\_\_\_\_ Friday Morning II (10:15 - 11:30)

**\$40.00 Registration (non-refundable) /\$25.00 Supply fee (due in September)**

\_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ (Cash or Checks only. Credit cards are not accepted.)

Ottawa Opportunity School admits students of any sex, race, color, creed, national and ethnic origin to all of the rights and privileges, programs, and activities, generally accorded or made available to students at school. The school does not discriminate in its administration or admission policies or assistance program or any other school administered programs.

# Opportunity School Confidential Information Form

Name of Child \_\_\_\_\_ Gender  Male  Female

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Work Phone \_\_\_\_\_

**Marital status of parent with whom the child lives (check one)**

Married  Single  Divorced  Separated  Widowed

If you are in the process of changing marital status, please explain: \_\_\_\_\_

**If legal guardian is someone other than the parent, please provide the following information:**

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency:** In case of emergence and we are unable to locate a parent or guardian, please list an alternative contact. (Please list someone other than parent or guardian.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Family Physician Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ (turn over)

Date: \_\_\_\_\_

## Opportunity School Confidential Information Form Con't.

Names, ages, and relationship of all children living in the student's home: \_\_\_\_\_

\_\_\_\_\_

Siblings not living at home: \_\_\_\_\_

Have any other children in your family attended Opportunity School? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please name: \_\_\_\_\_

List names of adults residing at home and their relationships: \_\_\_\_\_

Did your child have any special medical or developmental problems in his/her first years of life?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Does your child have asthma or allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Does your child take medication on a regular basis? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain \_\_\_\_\_

\_\_\_\_\_

(If a child requires medication to be administered at school, the parent must submit written instructions to the school. )  
Any other information you feel the school and/or teachers should be aware of?

\_\_\_\_\_

\_\_\_\_\_

Opportunity School would like to use **FACEBOOK** to communicate with parents. NO child will be identified in any photograph by Opportunity School. Pictures may show school activities, field trips, events and parties. Classes may be identified (Example; Mrs. Hardt's class. ) We plan to use photos of artwork class projects. Etc. Photos will be posted after events have taken place. **Opportunity School will NOT post any preschool information about your child or your child's location at any given time.**

\_\_\_\_\_ Yes, I Give Opportunity School permission to use my child's photographs and class work on Facebook.

\_\_\_\_\_ No, I do NOT want my child included on Facebook.

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

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_