

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

Full Name of Child _____ Gender: _____ Male _____ Female

Preferred Name/Nickname _____ Birthdate - Month/Day/Year _____

Street Address _____ City _____ Zip Code _____ Phone _____

Parent or Guardian (Please PRINT Name) _____ Signature _____ Date _____

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. ****

_____ 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 of admission policies or assistance program or any other school administered programs.

Explorer 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 _____

Cell Phone _____

Place of Employment _____ Occupation _____

Business Address _____

Work Phone _____

Mother's Name _____

Home Address _____ City _____ State _____ Zip Code _____

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: _____

Cell Phone: _____

Emergency: In case of emergency 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: _____

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: _____