



## Program Application

We welcome all families to schedule either a virtual or in person family tour prior to applying to our programs. Please complete and remit the program application and non-refundable [application fee of \\$85 \(click here\)](#) to Smart Love for admission consideration. Please send your completed application to [preschooladmissions@smartlovefamily.org](mailto:preschooladmissions@smartlovefamily.org) or to Smart Love Preschool, 2222 N. Kedzie, Chicago, IL 60647. Upon receipt of your application and fee, you will be invited to attend a play session with your child. Visit us online at [smartlovepreschool.org](http://smartlovepreschool.org). or 773.665.8052, ext. 1.

**First Parent/Guardian Name:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Name & Address of Employer: \_\_\_\_\_

Occupation/Position: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

What is your preferred method of contact? \_\_\_\_\_

**Second Parent/Guardian Name:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Name & Address of Employer: \_\_\_\_\_

Occupation/Position: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

What is your preferred method of contact? \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_ **Gender:** \_\_\_\_\_

Please give a brief description of your child. Please include any special considerations (i.e. allergies, learning challenges, medical assistance.)

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**Is your child up-to-date with pediatric and Covid-19 vaccines?** Yes No If no, please explain.

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**Please list programs your child has attended, include any preschools and/or extracurricular activities.**

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**Other children in your home (names and birth dates)**

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**Please share all of the places you saw Smart Love advertisements or communications:**

Facebook	Instagram	NPN	RedTri/Tiny Bean	Chicago Parent
ChicagoKids.com	Yelp	GoogleAds	Web Search	Mommy Poppins
Niche	From the neighborhood	Friend/Word-of-Mouth	Other:	

**When would you like to enroll your child:** \_\_\_\_\_

**Class Preferences: Please check your preference(s).**

**School Year Programs**

- Half-Day 3-6 yrs. – 5 days, M-F
- Half-Day 3-6 yrs. – 4 days, M-TH
- Half-Day 2-3 yrs. – 5 days, M-F
- Half-Day 2-3 yrs. – 4 days, M-TH
- Half-Day 2-3 yrs. – 3 days, M-W
- Half-Day 2-3 yrs. – 2 days

**Summer Camp Programs**

- Half-Day 3-6 yrs. – 5 days, M-F
  - Half-Day 3-6 yrs. – 4 days, M-TH
  - Half-Day 2-3 yrs. – 5 days, M-F
  - Half-Day 2-3 yrs. – 4 days, M-TH
  - Half-Day 2-3 yrs. – 3 days, M-W
  - Half-Day 2-3 yrs. – 2 days
- Two week minimum of Summer Camp required

**School Year Supplemental Programs**

- Lunch Bunch 3-6 yrs.– 4 days, M-TH
- Extended Day 3-6 yrs.– 4 days, M-TH
- Kindergarten 5-6 yrs. – 4 days, M-TH
- Lunch Bunch 2-3 yrs.– 4 days, M-TH
- Lunch Bunch 2-3 yrs.– 3 days, M-W
- Lunch Bunch 2-3 yrs. – 2 days

**Summer Camp Supplemental Programs**

- Lunch Bunch 3-6 yrs.– 4 days, M-TH
- Extended Day 3-6 yrs.– 4 days, M-TH
- Lunch Bunch 2-3 yrs.– 4 days, M-TH
- Lunch Bunch 2-3 yrs.– 3 days, M-W
- Lunch Bunch 2-3 yrs. – 2 days

**I hereby remit this formal application for my child to enter Smart Love Preschool. I understand that this application does not guarantee admission to the school.**

\_\_\_\_\_  
Signature of Parent /Guardian

\_\_\_\_\_  
Date

*The Smart Love Preschool admits children of all cultures and ethnicity and we do not discriminate on the basis of race, ethnicity, gender, or sexual orientation, or marital status of the child's parents. Our goal is to provide an environment rich in diversity for the children. Scholarship assistance is available to qualified families on a first come first serve basis. The amount of scholarship assistance depends on funds raised at our Annual Gala.*

*Office Use Below*

\_\_\_\_\_  
Date of Enrollment:

\_\_\_\_\_  
Date of Discharge: