

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 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. or 773.665.8052, ext. 1.

| First Parent/Guardian Nam | e: | | | | | |
|---|----------------------------|-----------------------------|-----------------------------|--|--|--|
| Address: | | | | | | |
| City: | State: | Zip Code: | | | | |
| Home Phone: | Mob | ile Phone: | | | | |
| Name & Address of Employe | r: | | | | | |
| Occupation/Position: Business Phone: | | | | | | |
| Business Phone: | Email: | | | | | |
| What is your preferred metho | d of contact? | | | | | |
| Second Parent/Guardian Na Address: | ime: | | | | | |
| City: | State: | Zip Code: | | | | |
| Home Phone: | State: Zip Code: Zip Code: | | | | | |
| Name & Address of Employe | r: | | | | | |
| Occupation/Position: Business Phone: What is your preferred metho | | | | | | |
| Business Phone: | Email: | | | | | |
| What is your preferred metho | d of contact? | | | | | |
| Child's Name: | | D.O.B | Gender: | | | |
| Please give a brief description learning challenges, medical a | | clude any special considera | ations (i.e. allergies, | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Is your child up-to-date with | n pediatric and Covid-1 | 9 vaccines? Yes No | If no, please explain. | | | |
| | | | | | | |
| Please list programs your ch | aild has attended, includ | le any preschools and/or | extracurricular activities. | | | |
| | | | | | | |
| | | | | | | |

| Other children in your home (names and birth dates) | | | | | | |
|---|--|--|--|--|--|--|
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| | | | | | | |
| Please share all o | of the places you saw Sma | rt Love advertisem | ents or communicatio | ons: | | |
| 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: | | | | | |
| when would you | inke to enron your ennu | · | | | | |
| Class Preference | s: Please check your pref | erence(s). | | | | |
| School Year Prog | grams | Summ | er Camp Programs | | | |
| Half-Day 3-6 yrs. – 5 days, M-F | | Half | Half-Day 3-6 yrs. – 5 days, M-F | | | |
| Half-Day 3-6 yrs. – 4 days, M-TH | | Half | Half-Day 3-6 yrs. – 4 days, M-TH | | | |
| Half-Day 2-3 yrs. – 5 days, M-F | | Half | Half-Day 2-3 yrs. – 5 days, M-F | | | |
| Half-Day 2-3 yrs. – 4 days, M-TH | | Half | Half-Day 2-3 yrs. – 4 days, M-TH | | | |
| Half-Day 2-3 yrs. – 3 days, M-W | | — Half | Half-Day 2-3 yrs. – 3 days, M-W | | | |
| Half-Day 2-3 yrs. – 2 days | | | Half-Day 2-3 yrs. – 2 days | | | |
| | | | Two week minimum of Summer Camp required | | | |
| | | | | | | |
| | plemental Programs | • | er Camp Supplement | | | |
| Lunch Bunch 3-6 yrs.— 4 days, M-TH | | | Lunch Bunch 3-6 yrs.—4 days, M-TH | | | |
| Extended Day 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.— 4 days, M-TH | | | Lunch Bunch 2-3 yrs.— 3 days, M-W | | | |
| | -3 yrs.— 3 days, M-W | Lunc | th Bunch 2-3 yrs. $-2 d$ | ays | | |
| Lunch Bunch 2 | -3 yrs. – 2 days | | | | | |
| I hereby remit this f not guarantee admis | formal application for my child sion to the school. | d to enter Smart Love P | reschool. I understand th | at this application does | | |
| | | | | | | |
| Signature of Paren | nt /Guardian | | Date | | | |
| basis of race, ethn provide an environ | reschool admits children on it is children on it is it is a children on it is it. It is it is it is it is it is it is it. It is it is it is it is it is it. It is it is it is it is it is it. It is it is it is it is it. It is it is it is it is it. It is it is it is it is it. It is it is it. It is it is it is it. It | ientation, or marital . the children. Scholar | status of the child's par ship assistance is avai | rents. Our goal is to lable to qualified | | |
| Office Use Below | | | | | | |
| Date of Enrollmer | nt: | Date of Disc | Date of Discharge: | | | |