

**APPLICATION FOR ADMISSION TO KORAES PRESCHOOL**

**11025 S. Roberts Road – Palos Hills, IL 60465**

**Telephone: (708) 974-3402 – Fax: (708) 974-0179**

[www.koraes.org](http://www.koraes.org)

**PLEASE SUBMIT THE \$100.00 NON-REFUNDABLE REGISTRATION FEE AND A COPY OF YOUR CHILD'S BIRTH AND ORTHODOX BAPTISMAL OR CHRISMATION CERTIFICATES AND SOCIAL SECURITY CARD ALONG WITH THIS APPLICATION.**

STUDENT NAME \_\_\_\_\_  
(LAST) (FIRST) (SOCIAL SECURITY #)

ADDRESS \_\_\_\_\_

(CITY) (STATE) (ZIP CODE) (HOME TELEPHONE)

BIRTH DATE \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_ BAPTIZED: YES \_\_\_ NO \_\_\_

LAST PRESCHOOL ATTENDED \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_ US CITIZEN: YES \_\_\_ NO \_\_\_

WORK PHONE (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

MOTHER'S NAME (FIRST) \_\_\_\_\_ (MAIDEN) \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_ US CITIZEN: YES \_\_\_ NO \_\_\_

WORK PHONE (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

CHILD'S PHYSICIAN \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

MARITAL STATUS OF PARENTS: MARRIED \_\_\_ SEPARATED \_\_\_ DIVORCED \_\_\_

MOTHER DECEASED \_\_\_ FATHER DECEASED \_\_\_ CHILD LIVES WITH \_\_\_\_\_

NAMES OF BROTHERS AND SISTERS BIRTH DATE

\_\_\_\_\_

\_\_\_\_\_

DOES CHILD HAVE ANY SPECIAL NEEDS AND/OR ALLERGIES? IF YES, PLEASE EXPLAIN

\_\_\_\_\_  
\_\_\_\_\_

PERSON TO CALL IN CASE OF EMERGENCY \_\_\_\_\_

TELEPHONE (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

**REGISTRATION WILL BE ON A FIRST COME FIRST SERVE BASIS DUE TO LIMITED SPACE.**

**Koraes School welcomes all children of the Eastern Orthodox Faith regardless of race, color, or national origin.**

Parents are encouraged to join the Koraes Parent Teacher Association. Please discuss with the School Office.