

# Hopscotch

Hopscotch is an enrichment program designed to provide preschool children with direct and one-to-one practice and instruction in the areas of handwriting, phonemic awareness, and phonics.

If you have any further questions, please contact Cathy Fiala at 630-321-6753, [cfiala@cc-ob.org](mailto:cfiala@cc-ob.org), or Colleen Guisinger at 630-321-6756, [cguisinger@cc-ob.org](mailto:cguisinger@cc-ob.org)

The maximum class size is 10

## Thursday Hopscotch

9:00 a.m.-12:00p.m. **Thursdays**  
Tuition \$75/month

### Class Dates:

September 24, October 1, 8, 15, 22, 29, November 5, 12, 19,  
December 3, 10, January 7, 14, 21, 28, February 4, 11, 18, 25,  
March 3, 10, 17, 24, April 7, 14, 21, 28, May 5, 12, 19

## Friday Hopscotch

9:00a.m.-12:00p.m. **Fridays**  
Tuition \$75/month

### Class Dates:

September 25, October 2, 9, 16, 23, 30, November 6, 13, 20,  
December 4, 11, January 8, 15, 22, 29, February 5, 12, 19, 26,  
March 4, 11, 18, 25, April 8, 15, 22, 29, May 6, 13, 20

# Registration

**Is your child currently enrolled at Christ Church of Oak Brook Preschool? Yes \_\_\_\_\_ No \_\_\_\_\_**

*(If answered yes, please fill out section 1. If answered no, please fill out section 1 & 2 as well as additional paperwork that can be picked up in the preschool office)*

### Section 1:

Child's Full Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Call child by the name \_\_\_\_\_ Date of Birth \_\_\_\_\_ (month, day, year)

### Section 2:

Child's Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Child's Legal Guardian (if other than parent) \_\_\_\_\_ Phone Number \_\_\_\_\_

Legal Guardian Address (if other than parent) \_\_\_\_\_

Child Lives With \_\_\_ Mother \_\_\_ Father \_\_\_ Both \_\_\_ Other (name) \_\_\_\_\_

Other Family Members: (Names and Ages) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_

Mother's address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_ Mother's Cell (\_\_\_\_\_) \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Working Hours \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_

Mother's Business Address \_\_\_\_\_ Business E-mail \_\_\_\_\_

Father's Name \_\_\_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_

Father's address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_ Father's Cell (\_\_\_\_\_) \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Working Hours \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_

Father's Business Address \_\_\_\_\_ Business E-mail \_\_\_\_\_

Name of Child's Physician \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

What is your family church affiliation? \_\_\_\_\_

Would you like to receive mail about other Christ Church of Oak Brook programs? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you learn about our preschool program? \_\_\_\_\_

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)