

# APPLE HILL PRESCHOOL

16290 PIERSIDE LANE WILDWOOD, MISSOURI 63040

# PRESCHOOL APPLICATION

2017-2018 SCHOOL YEAR

**The Application Fee is \$120 per Student.**

Please fill out the Application completely.

APPLICATION DATE \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ MAIN PHONE (\_\_\_\_) \_\_\_\_\_  
LAST FIRST NICKNAME-Preferred Name

CHILD'S ADDRESS \_\_\_\_\_  
STREET CITY ZIP CODE SUBDIVISION

AGE ON 7/31/17 \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ SEX: M F

MOTHER'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

MOTHER'S CELL PHONE (\_\_\_\_) \_\_\_\_\_ MOTHER'S EMAIL \_\_\_\_\_  
Please write this neatly and indicate if it is the primary email address

MOTHER'S PROFESSION \_\_\_\_\_ PLACE OF BUSINESS \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

FATHER'S CELL PHONE (\_\_\_\_) \_\_\_\_\_ FATHER'S EMAIL \_\_\_\_\_  
Please write this neatly and indicate if it is the primary email address

FATHER'S PROFESSION \_\_\_\_\_ PLACE OF BUSINESS \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_

LIST NAMES AND AGES OF SIBLINGS \_\_\_\_\_ DO GRANDPARENTS LIVE IN TOWN? YES NO

ALLERGIES: YES NO LIST IF "YES" \_\_\_\_\_  
If "YES", an informational sheet will be sent home regarding the required written physician's explanation and care guidelines.

FOOD RESTRICTIONS: YES NO LIST IF "YES" \_\_\_\_\_  
All nut restrictions require two Epi-pens with physician's explanation and care guidelines.

DOCTOR \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

DENTIST \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

MEDICATIONS TAKEN AT HOME – *School does not administer* \_\_\_\_\_

TWO PERSONS, OTHER THAN PARENTS, ALLOWED TO PICK UP YOUR CHILD IF YOUR CHILD IS ILL OR INJURED

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
Required by the State of Missouri

PHONE (\_\_\_\_) \_\_\_\_\_ RELATION TO CHILD \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
Required by the State of Missouri

PHONE (\_\_\_\_) \_\_\_\_\_ RELATION TO CHILD \_\_\_\_\_

PERSONS ALLOWED TO PICK UP YOUR CHILD AFTER SCHOOL \_\_\_\_\_  
In addition to Mom and Dad, if applicable

MAKE/COLOR OF VEHICLE USED TO PICK UP YOUR CHILD \_\_\_\_\_ LICENCE PLATE \_\_\_\_\_  
Primary pick-up vehicle

PLEASE INDICATE HOW MANY CAR #S YOU WOULD LIKE TO HAVE FOR PICK UP \_\_\_\_\_



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PREVIOUS SCHOOL EXPERIENCE \_\_\_\_\_ ELEMENTARY SCHOOL CHILD WILL ATTEND \_\_\_\_\_

OTHER GROUP EXPERIENCE \_\_\_\_\_ FAVORITE ACTIVITIES \_\_\_\_\_

DOES YOUR CHILD USE THE BATHROOM INDEPENDENTLY? \_\_\_\_\_

*This is required for Three to Four Year Old Preschool and Pre-Kindergarten attendance.*

WHAT CAN APPLE HILL PRESCHOOL PROVIDE FOR YOUR CHILD? \_\_\_\_\_

ADDITIONAL COMMENTS OR INFORMATION YOU MAY WISH TO TELL US ABOUT YOUR CHILD \_\_\_\_\_

 HOW DID YOU LEARN ABOUT APPLE HILL PRESCHOOL? *List one or two references, if applicable.* \_\_\_\_\_

Have you toured? Y N

**CLASS REQUESTED: List FIRST, SECOND, and THIRD choices using numbers 1, 2, & 3**

Morning class time (AM) is 9:15am – noon and Afternoon class time (PM) is 12:30pm – 3:15pm.

Children are required to be bathroom independent to attend our 3-4 Year Old and Pre-Kindergarten classes.

Early Drop Off (EDO) is available at 8:30am daily (\$5) with 1 day notice. Lunch Bunch for bathroom independent children is also available (no advanced notice required) from 12:00-12:30 (\$3) for EDO and PM Students and 12:00-1:15 (\$8) for AM Students.

Classes begin in August and conclude in May.

<u>MORNING CLASSES</u>	<u>DAYS</u>	<u>TYPE</u>	<u>SELECTION</u>	<u>AFTERNOON CLASSES</u>	<u>DAYS</u>	<u>TYPE</u>	<u>SELECTION</u>
PRE KINDERGARTEN	MTWRF	AM	___	PRE KINDERGARTEN	MTWR	PM	___
PRE KINDERGARTEN	MTW F	AM	___	PRE KINDERGARTEN	M WR	PM	___
PRE KINDERGARTEN	MTWR	AM	___				
THREE TO FOUR YEAR OLD	MTWRF	AM	___	THREE TO FOUR YEAR OLD	M WR	PM	___
THREE TO FOUR YEAR OLD	M W F	AM	___	THREE TO FOUR YEAR OLD	M W	PM	___
THREE TO FOUR YEAR OLD	T RF	AM	___				
THREE TO FOUR YEAR OLD	T R	AM	___				
TWO TO THREE YEAR OLD	MTWRF	AM	___	TWO TO THREE YEAR OLD	M W	PM	___
TWO TO THREE YEAR OLD	M W F	AM	___				
TWO TO THREE YEAR OLD	M W	AM	___				
TWO TO THREE YEAR OLD	T R	AM	___				

**CLASS TUITION: Yearly Tuition is divided into 10 equal payments listed below. The First Payment is due May 10<sup>th</sup>.**

 Nine subsequent payments are due by the 10<sup>th</sup> of the month beginning in August and ending in April.

2 DAYS: \$200/mth

3 DAYS: \$260/mth

4 DAYS: \$320/mth

5 DAYS: \$380/mth

 I do give my consent to Apple Hill Preschool to use photo or video images taken of my child in school emails, advertisements for the school, on the website, in social media, and in other school publications as they see fit. I agree to hold harmless Apple Hill Preschool from any liability which may result from the use of said picture(s). **YES NO**

SIGNATURE OF PARENT OR GUARDIAN

DATE

Apple Hill Preschool admits students of any race, color, nationality, and ethnic origin to all the rights, privileges, programs, and activities accorded or made available at the school.

