

APPLE HILL PRESCHOOL

KID'S DAY OUT APPLICATION

16290 PIERSIDE LANE WILDWOOD, MISSOURI 63040

2018-2019 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 STATE ZIP CODE SUBDIVISION

AGE ON 7/31/18 _____ BIRTH DATE _____ RELIGIOUS PREFERENCE _____ SEX: M F
Optional

MOTHER'S NAME _____ IS MOTHER'S ADDRESS THE SAME AS THE CHILD'S? YES NO

IF NO, PLEASE LIST MOTHER'S ADDRESS _____
STREET CITY STATE ZIP CODE

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 _____ IS FATHER'S ADDRESS THE SAME AS THE CHILD'S? YES NO

IF NO, PLEASE LIST FATHER'S ADDRESS _____
STREET CITY STATE ZIP CODE

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 _____

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 STREET CITY STATE ZIP CODE

PHONE (____) _____ RELATION TO CHILD _____

NAME _____ ADDRESS _____
Required by the State of Missouri STREET CITY STATE ZIP CODE

PHONE (____) _____ RELATION TO CHILD _____



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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 _____

PREVIOUS SCHOOL/GROUP EXPERIENCE _____

OUTSIDE SERVICES BEING RECEIVED _____

ELEMENTARY SCHOOL CHILD WILL ATTEND _____ IS YOUR CHILD BATHROOM INDEPENDENT? YES NO
This is NOT required for KDO or TWO TO THREE YEAR OLD classes

WHAT CAN APPLE HILL PRESCHOOL PROVIDE FOR YOUR CHILD? _____

ADDITIONAL COMMENTS/INFORMATION YOU MAY WISH TO TELL US ABOUT YOUR CHILD _____

_____ HAVE YOU TOURED? YES NO

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

CLASS REQUESTED: *List FIRST and SECOND choice using numbers 1 & 2 or check both if both days are desired.*

Class time is 9:15am – noon. Classes begin in September and conclude in May.

CLASS	DAYS	SELECTION
KID'S DAY OUT	TUESDAYS	___
KID'S DAY OUT	THURSDAYS	___

* SEE NOTE BELOW FOR OUR DROP IN OPTION *

Kid's Day Out offers Open Enrollment allowing children to begin school immediately following their second birthday.

THE DATE YOUR CHILD WILL BEGIN KID'S DAY OUT, if other than the first week of September: _____ Month _____ Date

CLASS TUITION: 1 DAY/week is \$100/mth 2 DAYS/week is \$200/mth

The initial tuition payment and Application Fee are pro-rated according to your child's Start Date.

* **NOTE:** If you are registered for one day, you may "Drop In" for the second day offered if there are openings. The cost is \$25/class. Drop In reservations must be submitted by the last day of the month prior for planning purposes.

I do give my consent to Apple Hill Preschool (AHP) to use photo/video images taken of my child in school emails, advertisements, on the website, in social media, and in other school publications as they see fit. I agree to hold harmless AHP from any liability which may result from the use of said picture(s). **YES NO** I do give my consent to Apple Hill Preschool to include my child's information in the Class Directory, which is shared with the other students in my child's class. **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.



Thank you for choosing Apple Hill Preschool!

OFFICE USE ONLY: App # _____ Car # _____ Class Dir QB Com Fac