

## APPLE HILL PRESCHOOL

16290 PIERSIDE LANE WILDWOOD, MISSOURI 63040

## PRESCHOOL APPLICATION

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 RESTRICIONS: 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 \_\_\_\_\_



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

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

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

PREVIOUS SCHOOL/GROUP EXPERIENCE \_\_\_\_\_

OUTSIDE SERVICES BEING RECEIVED \_\_\_\_\_

ELEMENTARY SCHOOL CHILD WILL ATTEND \_\_\_\_\_ IS YOUR CHILD BATHROOM INDEPENDENT? YES NO  
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/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, 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.

MORNING CLASSES	DAYS	TYPE	SELECTION	AFTERNOON CLASSES	DAYS	TYPE	SELECTION
PRE KINDERGARTEN	M T W R F	AM	___	PRE KINDERGARTEN	M W R	PM	___
PRE KINDERGARTEN	M T W F	AM	___				
PRE KINDERGARTEN	M T W R	AM	___				
THREE TO FOUR YEAR OLD	M T W R F	AM	___	THREE TO FOUR YEAR OLD	M W R	PM	___
THREE TO FOUR YEAR OLD	M W F	AM	___	THREE TO FOUR YEAR OLD	M W	PM	___
THREE TO FOUR YEAR OLD	T R F	AM	___				
THREE TO FOUR YEAR OLD	T R	AM	___				
TWO TO THREE YEAR OLD	M T W R F	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 (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.

