

APPLE HILL PRESCHOOL

16290 PIERSIDE LANE WILDWOOD, MISSOURI 63040
(636 458-4323)

www.applehillpreschool.com

Application Fee to another school, please provide proof of this payment and your Apple Hill Application Fee will be waived.

KID'S DAY OUT APPLICATION

2016-2017 SCHOOL YEAR

Gifted Education for Every Preschooler



The Application Fee is \$120 per Student. If you have already paid an

APPLICATION DATE _____

All spaces must be filled in with complete information



TOUR DATE – New Families Only _____

CHILD'S NAME _____ MAIN PHONE (____) _____
LAST FIRST NICKNAME-Preferred Name

CHILD'S ADDRESS _____
STREET CITY ZIP CODE SUBDIVISION

AGE ON 7/30/16 _____ BIRTH DATE _____ RELIGIOUS PREFERENCE _____ SEX: M F
Optional

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? Y N

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 peanut restrictions require two Epi-pens with physician's explanation and care guidelines.

DOCTOR _____ PHONE (____) _____ DENTIST _____ PHONE (____) _____

MEDICATIONS TAKEN AT HOME – *School does not administer* _____

PREVIOUS SCHOOL EXPERIENCE _____ ELEMENTARY SCHOOL CHILD WILL ATTEND _____



OTHER GROUP EXPERIENCE _____



FAVORITE ACTIVITIES _____ FAVORITE BOOKS _____

DOES YOUR CHILD USE THE BATHROOM INDEPENDENTLY? 😊 _____

This is NOT required for KID'S DAY OUT or the TWO TO THREE YEAR OLD PRESCHOOL CLASSES.

WHAT CAN APPLE HILL PRESCHOOL PROVIDE FOR YOUR CHILD? _____



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

NEW FAMILIES: HOW DID YOU LEARN ABOUT APPLE HILL PRESCHOOL? *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.
 Classes will begin in August and conclude in May.



CLASS	DAYS	TIME	SELECTION
KID'S DAY OUT	TUESDAYS	9:15-12:00	___
KID'S DAY OUT	FRIDAYS	9:15-12:00	___



CLASS TUITION:

1 DAY/week \$100/mth
 2 DAYS/week \$200/mth



Kid's Day Out offers Open Enrollment allowing children to begin school immediately following their second birthday.
Enrollment increases as new students join the class.



THE DATE YOUR CHILD WILL BEGIN KID'S DAY OUT, if other than the first week of the school year * _____ Month _____ Date
 *Note that the tuition payment and the application fee are pro-rated accordingly. Contact the school office for the pro-rated figures.

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

NAME _____ ADDRESS _____ PHONE (____) _____ RELATION TO CHILD _____
Required by the State of Missouri

NAME _____ ADDRESS _____ PHONE (____) _____ RELATION TO CHILD _____
Required by the State of Missouri

PERSONS TO PICK-UP YOUR CHILD AFTER SCHOOL _____
In addition to Mom and Dad, if applicable

MAKE AND COLOR OF VEHICLE USED TO PICK-UP CHILD _____ LICENCE PLATE _____
Primary pick-up vehicle Primary vehicle

I do give my consent to Apple Hill Preschool to use photo or video images taken of my child in school brochures, 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 OF 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. Apple Hill Preschool, LLC is not affiliated with Apple Hill Academy Incorporated and any enrollment or other contract will be between you and Apple Hill Preschool, LLC and not Apple Hill Academy Incorporated.

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PRESCHOOL USE

DATE _____ TOUR: Y N APPLICATION FEE: Y N W ACCEPTANCE LETTER: Y N _____

CLASS ASSIGNED _____ WAIT LISTS/DATES/FEEES _____

VEHICLE ID NUMBER _____ CAR POOL DRIVERS _____ CARD/S _____ M T W R F



Thank you for choosing Apple Hill!

