

APPLE HILL PRESCHOOL

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

www.applehillpreschool.com



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

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

PRESCHOOL APPLICATION

2016-2017 SCHOOL YEAR

Gifted Education for Every Preschooler

APPLICATION DATE _____

TOUR DATE – New Families Only _____

All spaces must be filled in with complete information

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 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 _____

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

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



NOTE: Morning class time (AM) is 9:15am – noon, Morning Extended class time is 9:15am – 1:15pm, and Afternoon class time (PM) is 12:30pm – 3:15pm. Classes will begin in August and conclude in May.

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

I AM INTERESTED IN A MORNING EXTENDED CLASS: Y N

CLASS TUITION: Yearly Tuition is divided into 10 equal payments listed below. The First Payment is due June 10th. Nine subsequent payments are due by the 10th of the month beginning in August and ending in April.

2 DAYS	\$200/mth	2 DAYS EXTENDED CLASS	\$260/mth
3 DAYS	\$260/mth	3 DAYS EXTENDED CLASS	\$320/mth
4 DAYS	\$320/mth	4 DAYS EXTENDED CLASS	\$380/mth
5 DAYS	\$380/mth	5 DAYS EXTENDED CLASS	\$440/mth



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/FEES _____

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

