

2017-2018 School Year Educational Information

Hillcrest Covenant Weekday Preschool

8801 Nall Avenue
Prairie Village, KS 66207
913.901.2317

weekdaypreschool@hillcrestcov.org

Child's Name: _____
Last First Preferred Name

Child's Birthday: _____ Age as of Sept. 1, 2017 _____
Month Date Year Years/months

Address: _____
Street # City State Zip

Primary Phone #: (____) _____ Email: _____

Father's Name: _____ Occupation: _____

Work Phone: (____) _____ Cell Phone: (____) _____

Mother's Name: _____ Occupation: _____

Work Phone: (____) _____ Cell Phone: (____) _____

Siblings enrolled into our program: _____

The following have permission to pick-up my child if I cannot be reached, in case of sickness or accident:

Name: _____ Relation: _____

Phone Number: (____) _____ Cell Phone: (____) _____

Name: _____ Relation: _____

Phone Number: (____) _____ Cell Phone: (____) _____

Name: _____ Relation: _____

Phone Number: (____) _____ Cell Phone: (____) _____

OFFICE USE ONLY

Class enrolled: _____ Days: _____

Class enrolled: _____ Days: _____

Early bird: _____ Extended: _____ Late Extended: _____

Registration fee: _____ Payment form: _____ Date: _____

IMPORTANT INFORMATION FOR REGISTRATION

- Registration fees are \$50.00 **non-refundable** for the 1st child and an additional \$25 **non-refundable** for each child from the same family.
- An activity fee will be collected in September for Preschool classes in the amount of:
 - Threes fee- \$30
 - Fours/Pre K fee-\$30
- Children in our 1s class must be walking. Children **must be toilet trained** to start our 3's and 4s/Pre K classes.
- Please contact the Weekday Preschool Director with your questions and concerns at any time. You are welcome to visit and observe in any of our classes.
- Each class will be asked to donate supplies. A note will be sent home in August with this list.
- We will strive to place your child in the appropriate class and schedule. If we have to consolidate classes, we will contact you as soon as possible.
- Once your child is accepted into the program, we will request the **last month's non-refundable** tuition payment for May 2018 to be paid in advance and received in our office by **Thursday, May 9th**. Your spot will be given to someone on our waiting list, if we do not receive your final month's May payment by **May 9th, 2017**. (An email will be sent with a reminder prior to this action.)
- You will receive Health and Emergency Forms upon admittance. These forms **MUST** be returned before the first day of school or your child will not be admitted by order of Johnson County Health Department.

NEW REFERRAL BONUS!

- The best ways for our program to grow is through conversation with friends and families, so we want to encourage you to do just that. We have set up a new referral program that provides you with an incentive and blesses us with new students.
- If you refer a friend, family member, co-worker or anyone you know to our program (and they enroll) you will receive \$25 off your next month's tuition! This is a one-time fee reduction of \$25 per year.

QUESTIONS? Contact the Children's Center Director of Hillcrest Covenant Weekday Preschool at 913.901.2317

NON-DISCRIMINATION POLICY - No child is denied admittance to Hillcrest Covenant Weekday Preschool programs on the basis of race, color, religion, national origin, ancestry, physical handicap, or sex in accordance with Kansas State Laws.

Class Selection 2017-2018

Child's Name: _____
Last
First
Middle

Non-Refundable Registration Fee \$50 Total \$50

Additional Children \$25 X _____ Total _____

ONE YEAR OLDS (by 8-31-2017) Time Frame 9:15 am to 2:30 pm

Tuesday Wednesday Total _____
 1 day/week – \$110 2 days/week – \$220

TWO YEAR OLDS (by 8-31-2017) Time Frame 9:15 to 2:30 pm

Tuesday Wednesday Thursday Total _____
 1 day/week – \$110 2 days/week – \$220 3 days/week – \$330

THREE YEAR OLDS (by 8-31-2017) Time Frame 9:15 am to 11:45 am

Tuesday and Thursday Total _____
 2 days/week – \$130
 ACTIVITY FEE – \$30 Total _____

FOUR YEAR OLDS (by 8-31-2015) and FIVE YEAR OLDS Time Frame 9:15 am to 11:45 am

Monday, Tuesday, Wednesday, and Thursday – \$175 Total _____
 ACTIVITY FEE – \$30 Total _____

EARLY ARRIVAL 8:30 – 9:15 am for all ages

Monday Tuesday Wednesday Thursday \$15 month per each morning Total _____

EXTENDED DAY 11:45 am – 2:30 pm (for 3s, 4s, 5s) Bring your child's lunch

Tuesday Wednesday Thursday \$45 month per each afternoon Total _____

TOTAL REGISTRATION FEES (DUE with enrollment forms) \$ _____

TOTAL May 2017 PAYMENT (DUE MAY 9, 2017) \$ _____

TOTAL ACTIVITY PAYMENT (DUE September 2017) \$ _____

MEDICAL INFORMATION

Physician and preferred hospital to be used in an emergency:

I understand that in case of an accident or injury to my child. I will be notified immediately. If my child requires emergency medical care, the physician and preferred hospital to be used are:

Child's Physician: _____ Phone: (____) _____

Hospital: _____ Phone: (____) _____

Does your child have allergies? Yes No

If yes, please explain: _____

Does your child take medication on a regular basis? Yes No

If yes, please explain: _____

SPECIAL CIRCUMSTANCES:

Are there any special circumstances we should be made aware of? (Child custody, divorce, etc.)

Yes No If yes, please explain:

RELIGIOUS AFFILIATION (Optional):

Father: _____ Mother: _____

Does your child attend Sunday School? Yes No If yes, where? _____

ALL SCHOOL ROSTERS:

The following items will be used in our all-school roster for families within the school. If you do not want any of the information included, please cross it out.

- † Student's first and last name
- † Home address
- † Primary phone number
- † Parent name
- † Class(es) where student is enrolled

By signing below you agree that the above information is accurate to the best of your knowledge.

Signature of Parent/Guardian

Date

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