



800 Gravois Road  
 Fenton, Mo. 63026  
 Office: 636-343-5010

<b>Office Use</b>	Enrollment Date: _____	Enrollment Fee: _____
First Month's Payment _____ (if registering for Sept, the first month's payment will be due at the Open House in August)		
Total paid: _____ Check # or cash: _____		

**2017-2018 Enrollment Form**      \$65 Enrollment Fee (non-refundable) or \$35 before May 31st

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_

**Our Classes** \*Check all that apply. Our class availability is dependent on enrollment.

<b>3/4 Preschool</b> (must be 3 by start date and potty trained)	____ 9a.m.-12p.m. Monday and Wednesday \$115.00 per month	____ 9a.m.-12p.m. Tuesday and Thursday \$115 per month
<b>4/5 Preschool</b> (4 by August 1, 2017)	____ 9a.m.-12p.m. Monday, Wednesday, Friday \$160.00 per month	____ 9a.m.-12p.m. Tuesday and Thursday \$115 per month
<b>NEW THIS YEAR!</b> Lunch Bunch (add on)	____ Friday 12:00p.m.-1:00p.m. \$20 per month	____ Thursday 12:00p.m.-1:00p.m. \$20 per month
<b>NEW THIS YEAR!</b> Parent's Day Out Program (potty trained ages 3-5)	____ Friday 9a.m.-1p.m. \$20 per Friday in that particular month due at the beginning of the month \$60-\$100/mo.	

**Parent Information**      *How did you hear about us?* \_\_\_\_\_

Father's Name \_\_\_\_\_      Mother's Name \_\_\_\_\_

Address \_\_\_\_\_      Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_      City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_      Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_      Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_      Work Phone \_\_\_\_\_

Employer \_\_\_\_\_      Employer \_\_\_\_\_

Employer Address \_\_\_\_\_      Employer Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_      City, State, Zip \_\_\_\_\_

Job Title \_\_\_\_\_      Job Title \_\_\_\_\_

Work Schedule \_\_\_\_\_      Work Schedule \_\_\_\_\_

Preferred E-mail \_\_\_\_\_      Preferred E-mail \_\_\_\_\_

Check to receive communications to this email       Check to receive communications to this email

Student lives with (check all that apply) \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Step-Father \_\_\_\_\_ Step-Mother \_\_\_\_\_ Grandparent \_\_\_\_\_ Other \_\_\_\_\_

\*If a court-ordered parenting plan exists, please provide a copy to the school.

## About Your Child

male/female (circle one)

Activities your child enjoys \_\_\_\_\_

Fears your child has \_\_\_\_\_

Names of siblings and ages \_\_\_\_\_

Concerns or comments about your child \_\_\_\_\_

Where will your child attend kindergarten? \_\_\_\_\_

## Emergency Information

Allergies your child has \_\_\_\_\_

Medical problems your child has and/or Medications \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Preferred Hospital in case of emergency \_\_\_\_\_ Phone # \_\_\_\_\_

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 listed above. I further agree to pay all cost incurred by transport. Parent Signature \_\_\_\_\_

**Emergency Contacts:** Person (s) whom we may call if we are unable to reach either parent in an emergency or illness. They are also authorized to take your child from the facility.

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Other people who are allowed to pick my child up from school: \_\_\_\_\_

## Agreements

- a. I HAVE BEEN INFORMED OF THE REQUIRED HEALTH AND SAFETY INSPECTIONS AND THE INSPECTION FORMS ARE AVAILABLE FOR REVIEW.
- b. WHEN MY CHILD IS ILL, I UNDERSTAND AND AGREE THAT S/HE MAY NOT BE ACCEPTED FOR CARE OR REMAIN IN CARE.
- c. I DO / DO NOT (circle one) GIVE PERMISSION FOR FIELD TRIPS/EXCURSIONS. I UNDERSTAND I WILL BE NOTIFIED IN ADVANCE WHEN THEY ARE PLANNED. I WILL BE RESPONSIBLE FOR TRANSPORTING MY CHILD.
- d. I HAVE BEEN NOTIFIED THAT I MAY REQUEST NOTICE AT INITIAL ENROLLMENT OR ANY TIME THERE AFTER WHETHER THERE ARE CHILDREN CURRENTLY ENROLLED IN OR ATTENDING THE FACILITY FOR WHOM AN IMMUNIZATION EXEMPTION HAS BEEN FILED.
- e. A late fee of \$20 will be added for tuition paid after the three day grace period each month.
- f. Hillside Preschool will take every precaution for your child's safety, but parents shall waive claim in event of an accident not within our providence to prevent.
- g. I understand that this form puts my child on the class list unless someone contacts me about full or low enrollment. Packets with Open House information will be sent home by the beginning of August. Our first day of school next year is September 5, 2017.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_