



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

| | | |
|--|------------------------|-----------------------|
| Office Use | 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: _____ | | |

2018-2019 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.

| | | |
|---|---|---|
| 3/4 Preschool (must be 3 by start date and potty trained) | ____ 9a.m.-12p.m. Monday and Wednesday \$120.00 per month | ____ 9a.m.-12p.m. Tuesday and Thursday \$120.00 per month |
| 4/5 Preschool (4 by August 1, 2017) | ____ 9a.m.-12p.m. Monday, Wednesday, Friday \$170.00 per month | ____ 9a.m.-12p.m. Tuesday and Thursday \$120.00 per month |
| Lunch Bunch (add on) | ____ Friday 12:00p.m.-1:00p.m. \$20.00 per month | ____ Thursday 12:00p.m.-1:00p.m. \$20.00 per month |
| Parent's Day Out Program (potty trained ages 3-5) | ____ Friday *The registration fee for PDO is \$25. 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 4, 2018.

Signature of Parent/Guardian _____ Date _____