

# Hillcrest Christian Preschool Student Application

For Office Use

Registration Fee \_\_\_\_\_

Application Rec'd \_\_\_\_\_

Other \_\_\_\_\_

*Please complete form and return with \$50.00 non-refundable registration fee*

Child's Name \_\_\_\_\_ Prefers to be called \_\_\_\_\_ Sex \_\_\_\_\_ Birth date \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Primary Phone \_\_\_\_\_  
 Home Address \_\_\_\_\_ Secondary Phone \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Occupation \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Primary Phone \_\_\_\_\_  
 Home Address \_\_\_\_\_ Secondary Phone \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Occupation \_\_\_\_\_ Email \_\_\_\_\_

Does child live with both parents? Yes [ ] No [ ] If no, with whom \_\_\_\_\_  
 Siblings: Names and birthdates \_\_\_\_\_

**Persons Authorized For Pick Up**

The following people may pick up my child at Hillcrest Christian Preschool and may be called for emergencies or illness:

Name	Address	Relationship	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Person picking up this child on a regular basis \_\_\_\_\_

How did you become acquainted with Hillcrest Christian Preschool? \_\_\_\_\_  
 If by personal reference,  
 Name of person who referred you \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home church (if any): \_\_\_\_\_

*Hillcrest Christian Preschool is a 5 day a week developmental preschool program and we encourage children to attend all 5 days to develop skills and knowledge necessary to begin Kindergarten. However, we value families and know each one has different needs. Please select the day/s that you want your child to attend. The cost per session is \$10.00.*

You may choose to enroll in more than one class

Early Explorer Class Options:

3 year olds	___ Monday	9:30-11:30
3 year olds	___ Tuesday/Thursday	9:30-11:30
3 year olds	___ Wednesday/Friday	9:30-11:30

Preschool Days of Discovery Options:

4/5 year olds	___ Monday	12:30-2:30
4/5 year olds	___ Tuesday/Wednesday/Thursday	12:30-2:30
4/5 year olds	___ Friday	12:30-2:30

*Please note: Priority given to child enrolled in the 5-day afternoon program.*

Does your child have any allergies? Yes [ ] No [ ]

Specify \_\_\_\_\_

Are there any foods you would prefer your child not be given during snack time? \_\_\_\_\_

Your child must be potty trained. Any problems? \_\_\_\_\_

Comments \_\_\_\_\_

I hereby agree to the following:

### **Release of information**

Hillcrest Christian Preschool may use photographs, reproductions and/or recordings of my child taken during the course of Preschool activities and events. Such use may include advertising and publicity.

### **Permission for Restroom Care and Consent to Change Clothing**

I hereby give permission, when necessary, for one adult worker to escort my child to the restroom. I understand that our child should be capable of independently caring for his/her restroom needs, but if requested, the worker may assist with basic tasks for care/hygiene.

Should it become necessary, I give permission for the Preschool Staff to change my child's clothing in case my child accidentally soils his/her clothing.

### **Field Trips for Four/Five Year Olds**

I hereby allow my child to attend all field trips during the school year. Hillcrest Preschool will take necessary precautions to provide for the safety and the guidance of my child on field trips.

### **Emergency Treatment**

I hereby release Hillcrest Christian Preschool, its staff and sponsors from liability for any injury or illness that my child may sustain during these activities. In the event of any emergency, I hereby authorize an adult leader of these activities, acting as our agent, to consent to any x-ray, examination, medical, dental, or surgical treatment and or hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered; either in a doctor's office or in the hospital. I understand we are responsible for bills incurred. I expect to be contacted as soon as possible.

### **Financial Agreement**

I hereby agree to pay tuition monthly, by the first week of each month, whether or not my child is in attendance. I am aware that there are no refunds or credits for temporary absences due to personal vacations, school vacations, illness, or withdrawal.

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

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