School Year APPLICATION

CHILD'S NAME: _____
Last First Middle

ADDRESS: _____
Street City/State Zip Code

CHILD'S GENDER: _____ DoB: ____/____/____ START DATE: _____

PARENT 1

NAME: _____

OCCUPATION: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

EMAIL: _____

PARENT 2

NAME: _____

OCCUPATION: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

EMAIL: _____

MARITAL STATUS: ___ Married ___ Separated ___ Divorced ___ Widow/er ___ Single ___ Other

Brothers/Sisters

Name DoB School

_____

_____

_____

_____

DAYS AND HOURS PREFERRED Opt. 1

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

DAYS AND HOURS PREFERRED Opt. 2

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

DAYS AND HOURS PREFERRED Opt. 3

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

CHILD'S PHYSICIAN: _____

NAME ADDRESS/PRACTICE PHONE #

Please describe any medical conditions or special needs your child may have (handicaps, allergies, speech delays, etc.): _____

_____

_____

Has your child ever been referred for, or received, special services (speech therapy, etc.)?

_____

_____

I desire to have my child enrolled in Heights Preschool because: _____

_____

_____

_____

_____

How did you hear about Heights Preschool?

___ Web Search ___ Driving by ___ Heights Kids

___ Heights Preschool Family: _____

___ Other: _____

Application Fee: $100 Nonrefundable

Registration Fee upon Acceptance: $300 School Year
$150 Summer

Date: _____

Parent's Signature: _____

Please list the person(s) who will be allowed to pick up your child from preschool:

Name: _____

Relationship: _____ Telephone #: _____

Name: _____

Relationship: _____ Telephone #: _____

Name: _____

Relationship: _____ Telephone #: _____

Please list person(s) to contact (other than parents) in case of emergency:
Name: _____

Address: _____

Relationship: _____ Telephone #: _____

Name: _____

Address: _____

Relationship: _____ Telephone #: _____

Any other information you would like to share? _____

_____

NOTICE OF NON DISCRIMINATORY POLICY REGARDING STUDENTS

Heights Preschool admits students of race, color, national or ethnic origin to all the rights, priviledges, programs, and activities generall accorded or made available to the students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in admin - stration or its education policies, admissions policies, and athletic and other school-administered activies.

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