



# Kids of Harmony Preschool

*"Where the tempo of teaching is in tune with the tempo of life"*

## Application and Registration Form

**Kids of Harmony Preschool**© is a faith-based organization functioning on a Christian philosophy with a Biblically integrated curriculum. We are committed to providing quality education as well as a safe and structured environment for your child to develop and learn. Along with this application it is **mandatory** that each parent/guardian read through our "**Policies and Procedures**" found on our website. **Student Application**, along with a **registration/book fee of \$100**, is **due before student's first day of class**. *Any application received after the start of the school year will be considered on a first come first serve basis.*

### Student Information:

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_  
(Child must be 2 by July 1, 2021)

Preferred name: \_\_\_\_\_ Male or Female (circle one)

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Birth date: \_\_\_\_\_

T-Shirt size: \_\_\_\_\_

Regular Church Attendance: yes or no (circle one) If yes where: \_\_\_\_\_

### PARENT/GUARDIAN/INFORMATION

Applicant lives with: Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other: \_\_\_\_\_

Legal Custody: Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Mother/Guardian**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Hrs. of Work: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Father/Guardian**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Hrs. of Work: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**EMERGENCY CONTACTS**

List three emergency contacts (please include yourself): (*name, relationship, **full address**, phone number*)

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

**Please list those who are authorized to pick up your child (include yourself):**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Full Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Full Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Full Address:** \_\_\_\_\_

**MEDICAL INFORMATION**

Doctor's Full Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Full Address: \_\_\_\_\_

If Physician cannot be reached, what actions should be taken?

\_\_\_\_\_  
\_\_\_\_\_

If needed, which hospital is preferred? \_\_\_\_\_

Health Insurance Coverage \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

Does the student have allergies? yes or no (circle one)

*\*List any known allergies below:*

\_\_\_\_\_

Does the student have a disability? yes or no (circle one)

If yes, please explain:

\_\_\_\_\_

Are all required immunizations up to date? yes or no (circle one)

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

Does your child have any chronic/ongoing health problems? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Does your child use any medication on a regular basis? yes or no (circle one)

If yes, please explain: \_\_\_\_\_

Please rate your child's overall health. (circle one)    Excellent    Good    Fair    Poor

*I hereby give permission to **Kids of Harmony Preschool**© to secure medical and/or emergency surgical treatment for my child. I also give them permission for necessary emergency transportation. (non-emergency medical treatment or elective surgery is NOT included in this authorization).*

\_\_\_\_\_  
(Date signed)

\_\_\_\_\_  
(Parent's Signature)

*If you **object** to Kids of Harmony providing medical attention please sign below.*

Date signed \_\_\_\_\_ Parent Signature \_\_\_\_\_

***\*Students in Pre-K3 and Pre-K4 MUST be completely potty trained before enrolling!!***

## PROGRAM OPTIONS AND PREFERENCE

<b>Hours of Operation for HALF Day: 8:30am-11:30am</b>				
<b>Program Options</b>	<b>2-day (Available for 2 year old class ONLY) (M/W or T/TH)</b>	<b>3-day (M/W/F)</b>	<b>4-day (M-TH)</b>	<b>5-day (M-F)</b>
<b>Tuition</b>	\$1377/yr. \$145/mo.	\$1947/yr. \$205/mo.	\$2422/yr. \$255/mo.	\$3087/yr. \$325/mo.

<b>Hours of Operation for FULL Day: 8:30am-3:30pm</b>				
<b>Program Options</b>	<b>2-day (Available for 2 year old class ONLY) (M/W or T/TH)</b>	<b>3-day (M/W/F)</b>	<b>4-day (M-TH)</b>	<b>5-day (M-F)</b>
<b>Tuition</b>	\$2327/yr. \$245/mo.	\$2897/yr. \$305/mo.	\$3372/yr. \$355/mo.	\$4037/yr. \$425/mo.

*\*This is equal to a quality education for less than 5 dollars an hour.*

**A 10% discount will be applied on the preschool bill if families have multiple children enrolled in Kids of Harmony.**

“Early Drop Off” is provided from 7:30am-8:00am upon request for an additional charge of **\$5 per child**. There is **NO** after care.

Payments may be paid yearly, by semester or monthly (based upon ten-month payment plan August—May). Yearly payment will be due in full August 1, 2021. Semester payments are due with half (1/2) the total amount due August 1, 2021 and the remaining half (1/2) due January 1, 2022. Monthly payments are due by the **5<sup>th</sup> of each month**. **Any payment after the due date will be charged a late fee of \$20 per day**. If payment is delinquent more than 30 days, the student **will not** be permitted to return to preschool until the account is paid in full.

**Please indicate your preferred payment method:**

Tuition fee: Lump Sum \_\_\_\_\_ Semester \_\_\_\_\_ Installment (10 mo with **August being ½ off**) \_\_\_\_\_  
Do you currently, or are you in the process of being able to, receive assistance from Mountain Heart Referral Program? \_\_\_\_\_

**Please indicate below your 1<sup>st</sup> and 2<sup>nd</sup> preference of program:**

**Half Day Session:** \_\_\_\_\_ **Full Day Session:** \_\_\_\_\_

\_\_\_\_\_ 2 day option (**Available Two-year old class Only**): M/W or T/TH (*circle preferred days*)

\_\_\_\_\_ 3 day option: M/W/F

\_\_\_\_\_ 4 day option: M/T/W/TH

\_\_\_\_\_ 5 day option: M/T/W/TH/F

**GENERAL INFORMATION and PARENTAL/GUARDIAN PERMISSIONS**

1. How did you hear of us? \_\_\_\_\_
2. When would you like your child to start school at Kids of Harmony? \_\_\_\_\_
3. Do we have your permission to photo your child? yes or no (*circle one*)
4. Do we have your permission to record video/audio of your child? yes or no (*circle one*)
5. Do we have your permission to use a photo of your child in our publications on our website or in any newspaper articles? yes or no (*circle one*)
6. What are your primary goals for your child this year?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If there is any additional information you would like us to know about your child, please list it below:

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***\*\*Student MUST be potty trained before enrolling.***

Registration is ONLY completed when we have received this application, along with the **non-refundable \$100.00 Application/Materials/Registration Fee**. Checks may be made payable to:

**Kids of Harmony Preschool©**

159 Granby Circle  
Beaver, WV 25813

**\*\*Until payment is received, student's name will be put on a waiting list with no guarantee of available enrollment! Application and payment (application fee and first month tuition) are due by August 12<sup>th</sup>.**

By signing this form, you are stating that you have read the "*Policies and Procedures*" of our school and that the information you have provided on this form is true and accurate to the best of your knowledge. You are also aware that "**Kids of Harmony©**" is a faith-based organization functioning on a Christian philosophy with a Biblically integrated curriculum.

Final Acceptance is determined upon completion of personal interview with the administration. Interview will be scheduled by "**Kids of Harmony©**" once application is received.

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

*Kids of Harmony Preschool© does not discriminate on the basis of race, color, national and ethnic origin in its admission procedures. Kids of Harmony Preschool© reserves the right to decline acceptance of applicant.*

**For Official Use Only**

Date Received: \_\_\_\_\_

- Application Fee Paid
- Immunization Record
- Interview
- Tested
- Accepted
- Grade Placement
- Waiting List
- Rejected