



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 \$150**, 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, 2024)

Preferred name: _____ Male or Female (circle one)

Home MAILING 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

Hours of Operation for HALF Day: 8:30am-11:30am Hours of Operation for FULL day: 8:30am-3:30pm				
Program Options	2-day (Available for <u>2- year-old class ONLY</u>)	3-day	4-day	5-day
Days	M/W or T/Th	M/W/F	M-Th	M-F

TUITION COST: Please see our website for current tuition costs.

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.

Tuition cost are for a full year! Months with fewer academic days, do not change the tuition amount! 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, 2024. Semester payments are due with half (1/2) the total amount due August 1, 2024, and the remaining half (1/2) due January 1, 2025. Monthly payments are due by the 5th 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 Fees: 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 1st and 2nd preference of program:

Half Day Session: _____ **Full Day Session:** _____

_____ 2 day option (**Available for 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:

*****Student MUST be potty trained before enrolling if they are in Prek3 or Prek4 class.***

Registration is ONLY completed when we have received this application, along with the **non-refundable \$150.00 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 12th.**

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**