

Kids of Harmony Preschool

Application

Student Information

FIRST NAME: *

LAST NAME: *

PREFERRED NAME:

CHILD'S AGE AS OF JULY 1 (prior to the enrollment date): *

GENDER: *

Male

Female

PHYSICAL ADDRESS: *

CITY: *

STATE: *

ZIP CODE: *

Mailing Address

Check if same as physical address

MAILING ADDRESS: *

MAILING CITY: *

MAILING STATE: *

MAILING ZIP CODE: *

PHONE NUMBER: *

DATE OF BIRTH: *

MM-DD-YYYY



Date

T-SHIRT SIZE:

Program Options

SELECT DAYS: *

Please Select
3 Day (Mon, Wed, Fri)
4 Day (Mon-Thu)
5 Day (Mon-Fri)
Unsure

3 Day options are only available for 2 year olds.

HOURS: *

Please Select
Half Day (8:15am-11:45am)
Full Day (8:15am-3:15pm)
Unsure

EARLY DROP OFF (Additional Fee Applies, 7:30am) *

Yes

No

AFTER-SCHOOL CARE (Additional Fee Applies, 3:30-6:00pm, LIMITED availability) *

Yes

No

WHEN DO YOU PLAN TO START ATTENDING

Please Select
Start of Fall
Start of Spring
ASAP
Custom Date

PREFERRED PAYMENT PLAN *

Please Select
Yearly (full amt. due by open house)
Semester (half due by open house & before Jan. first class)
Monthly (Yearly amount divided over 8 months)

Do you receive Child Care Assistance from Mountain Heart?

Yes

No

Parent/Guardian Information

STUDENT LIVES WITH: *

Please Select
Both Parents
Mother Only
Father Only
Other

LEGAL CUSTODY: *

Please Select
Both Parents
Mother Only
Father Only
Other

EMAIL ADDRESS:

ex: myname@example.com

example@example.com

MOTHER/GUARDIAN

FIRST NAME:

LAST NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

HOME PHONE:

CELL PHONE:

PLACE OF EMPLOYMENT:

WORK PHONE:

TYPICAL WORK HOURS:

FATHER/GUARDIAN

FIRST NAME:

LAST NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

HOME PHONE:

CELL PHONE:

PLACE OF EMPLOYMENT:

WORK PHONE:

TYPICAL WORK HOURS:

Emergency Contacts

List three emergency contacts (please include yourself):

CONTACT 1 NAME: *

RELATIONSHIP: *

PHONE NUMBER: *

ADDRESS: *

CONTACT 2 NAME: *

RELATIONSHIP: *

PHONE NUMBER: *

ADDRESS: *

CONTACT 3 NAME: *

RELATIONSHIP: *

PHONE NUMBER: *

ADDRESS: *

Authorized Pickup

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

PICKUP 1 NAME: *

RELATIONSHIP: *

PHONE NUMBER: *

ADDRESS: *

PICKUP 2 NAME:

RELATIONSHIP:

PHONE NUMBER:

ADDRESS:

PICKUP 3 NAME:

RELATIONSHIP:

PHONE NUMBER:

ADDRESS:

Medical Information

DOCTOR'S NAME:

PHONE:

ADDRESS:

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

If needed, which hospital is preferred?

Health Insurance Provider:

Insurance Policy Number:

Does the student have allergies? *

Yes

No

Please Explain:

Does the student have a disability? *

Yes

No

Please Explain:

Are all required immunizations up to date? *

Yes No

Please Explain:

Does your child have any chronic/ongoing health problems? *

Yes No

Please Explain:

Does your child use any medication on a regular basis? *

Yes No

Please Explain:

Please rate your child's overall health. *

Please Select
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). *

Yes No

Misc. Information

How did you hear about us?

Do we have your permission to photo your child? *

Yes No

Do we have your permission to record video/audio of your child? *

Yes No

Do we have your permission to use a photo/video of your child in our publications on our website or in any newspaper articles? *

Yes No

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:

Agreement & Signature

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 *

DATE *

 

Date

Registration Fee

A non-refundable registration fee of **\$150** is due before registration will be finalized. After submitting this application you will be redirected to a page with payment options.