

HILLCREST WEEKDAY PRESCHOOL

8801 NALL AVENUE
PRAIRIE VILLAGE, KS 66207
913.901.2317
GGORDON@HILLCRESTCOV.ORG



CHILD'S INFORMATION

Child's First and Last Name

Birthdate

Current Age

Home Address _____

Is English the child's first language? Yes or No

If not, what is the first language? _____

FAMILY INFORMATION _____

MARRIED DIVORCED REMARRIED SEPARATED SINGLE WIDOW

THE CHILD APPLYING LIVES WITH : FATHER/GUARDIAN MOTHER/GUARDIAN BOTH OTHER I

IF PARENTS ARE DIVORCED OR SEPARATED, TO WHOM SHOULD CORRESPONDENCE BE SENT?

FATHER/GUARDIAN MOTHER/GUARDIAN BOTH OTHER _____

Father/Guardian

Email

Phone Number

Home Address

Mother/Guardian

Email

Phone Number

Home Address

I would like my child's name, parents' name, home phone number, and email included in the school directory to be distributed to parents in my child's class. **Yes or No**

Student may be filmed, videotaped, or photographed by Hillcrest Covenant employee or contract service professional. I understand that my admission to Hillcrest Covenant Weekday Preschool has permission for use of my students image by Hillcrest Covenant.

Initials Required _____

How did you hear about Hillcrest Covenant Weekday Preschool? _____

Do you attend Hillcrest Covenant Church? Yes or No

If not, are you apart of any religious affiliation? Yes or No

If yes, where do you attend?

Application Packet
Hillcrest Covenant Weekday Preschool
8801 Nall Ave Prairie Village, KS 66207
913-901-2317
ggordon@hillcrestcov.org

About Us

Hillcrest Covenant Church is an Evangelical Covenant church that exists to help bring others fully alive in Christ. Hillcrest Covenant Weekday Preschool is a school designed to provide an excellent Christian education. All our staff members are Christians, have experience in education, and are regularly trained in updated teaching methods. It is the goal of all our staff to help develop basic skills of children through exploration, imagination, and creativity in a safe, secure, and friendly environment.

Our Philosophy

We believe parents are responsible for the education of their young children. The purpose of Hillcrest Weekday Preschool is to assist families who desire to fulfill their responsibility in providing a Christ-centered education for their children. Christian education provides the opportunity for each student to develop spiritually, morally, intellectually, physically, and socially to the highest degree of which he or she is capable according to his or her unique potential given by God. We will do our absolute best to partner with you, the parents, to nurture and bring out each child's potential and create a solid foundation for future years of education.

Curriculum

The curriculum at Hillcrest Weekday Preschool utilizes a variety of learning methods to help students grasp basic concepts of reading, writing, math and science. We follow Kansas State Standards for preschool in order to ensure the transition into Kindergarten is successful. In addition, The Bible is taught as a core subject.

Enrollment Process

Families wishing to register their child for enrollment in Hillcrest Weekday Preschool must complete the following criteria:

- Submit application packet.

- Submit a 65.00 nonrefundable registration fee and a 35.00 nonrefundable activity fee.

- Submit current immunizations for the child and additional state paperwork included in the enrollment packet.

If a reduction of a child's original enrollment schedule is requested by a parent/guardian a 100.00 penalty fee will be applied.

Prospective students will be placed on a waiting list until all of the above steps have been completed. Placement of prospective students is on a "first-come first-serve" basis and priority will be given to those who have completed all the above criteria.

We strive to place your child in the appropriate class and schedule. If for some reason a class does not meet the minimum number of children enrolled, the class will be cancelled. Parents will be notified by June 1st, 2024.

Before Care (8:00am-9:00am)

Before care is for students ages 2.5 to 6 years of age.

	<u>Monthly</u>
1 day	35.00
2 days	70.00
3 days	105.00
4 days	140.00
5 days	175.00

Two's Monthly Plan (Due 15th of the month) (MWF Options)

(9:00-12:00pm)

1 Day	85.00
2 Days	170.00
3 Days	255.00

Two's Monthly Plan (Due 15th of the month)

(9:00-3:00)

1 Day	155.00
2 Days	310.00
3 Days	465.00

The Two's program: your child will develop meaningful relationships with a focus on learning to follow instructions, recognizing emotions, problem solving, developing vocabulary, creating independence, and learning how to be a friend. Your child does not have to be potty trained, but we ask that you bring a diaper bag with extra clothes, diapers, and a water bottle. Children who stay until 3:00 will bring a sack lunch, and two blankets for rest time.

Schedule options for Two-year-old's:
Your child has the option to attend 1-3 days a week.

Two schedule options are available for regular preschool program with half and full day options a week.

Half-day Programs: 9:00 am-12:00 pm. This is our basic program with the description listed above.

Full day Programs: 9:00 am-3:00 pm. This option continues the instruction presented during the regular half-day program with extended time for social emotional development. Full-day programs also include a lunch break (lunch from home) and nap time.

Three's **Monthly Plan**

9:00-12:00

(Child must be 3 by September 1st)

Tuesday/Thursday 170.00

Monday/Wednesday/Friday 255.00

Monday-Friday 425.00

Three's Monthly Plan

9:00-3:00pm

(Child must be 3 by September 1st)

Tuesday/Thursday 310.00

Monday/Wednesday/Friday 465.00

Monday-Friday 775.00

The Three's program focuses on basic reading, writing, and math skills, while incorporating fine and gross motor skills, art, and social/emotional development. Your child will also be developing meaningful relationships, learning how to follow instructions, recognizing emotions, problem solving, developing vocabulary, creating independence, and learning how to be a friend.

Schedule options for Three's

Your child has the option to attend 2 days(T/TH), 3 days (MWF), or 5 days (M-F). Two schedule options are available for regular preschool programs with half and full day options a week.

Half-day Programs: 9:00 am-12:00 pm. This is our basic program with the description listed above.

Full-day Programs: 9:00 am-3:00 pm. This option continues the instruction presented during the regular half-day program with extended time for social emotional development. Full-day programs also include a lunch break (lunch from home) and quiet time.

4's and Pre-K **Monthly Plan**

9:00-12:00	
Monday/Wednesday/Friday	255.00
Monday-Friday	425.00

4's and Pre-K Monthly Plan

9:00-3:00pm	
Monday/Wednesday/Friday	465.00
Monday-Friday	775.00

The Four's and Pre-K program focuses on academics and Kansas State Standards. Students are taught necessary skills in order to transition into Kindergarten. Students develop their social, emotional, and academic skills including math, reading and fine and gross motor skills. Students experience music and movement and on-site field trips.

Schedule options for Four's and Pre-K:

Your child has the option to attend 3 days (MWF), or 5 days (M-F). Two schedule options are available for regular preschool programs with half and full day options a week.

Half-day Programs: 9:00 am-12:00 pm. This is our basic program with the description listed above.

Full-day Programs: 9:00 am-3:00 pm. This option continues the instruction presented during the regular half-day program with extended time for social emotional development. Full-day programs also include a lunch break (lunch from home) and quiet time.

Financial Policies & Tuition Contract

Payments: Preschool tuition is based on an annual school schedule, September through May, in accordance with the published Hillcrest Covenant Weekday Preschool Calendar. Tuition is not prorated for months in which there are school closures for teacher workdays, holidays, or other published closures. In addition, tuition will not be prorated for inclement weather or family vacations.

A non-refundable annual registration fee of 65.00 is due at the time of registration for each student enrolling. This fee is used to cover processing your child's enrollment in HC Weekday Preschool and is required of new and returning students. All students must also pay a 35.00 activity fee at the time of registration. This fee is non-refundable.

Each class will be asked to donate supplies. A list will be emailed in August.

Tuition payments are due on the 15th of the month.

Parents wanting to pay tuition annually or by semester may submit payments on the first day of school and the first day returning from Christmas break.

All cash, check and/ or money order payments can be submitted to Hillcrest Covenant Weekday Preschool office.

A returned check fee of 25.00 will be assessed for all payments returned from the bank.

Once your child is accepted into the program, we will request the last month's non-refundable tuition payment that will be applied to May 2025 to be paid in advance and received in our office by Monday, May 6, 2024. Your spot will be given to someone on our wait list if we do not receive your final month's May payment by May 6, 2024. (An email reminder will be sent with reminder prior to this action.)

Withdrawal Information and Refund Policy

Once the enrollment process is completed (forms and fees are submitted) a written notice is required 30 days in advance of intention to withdraw a child from school. If 30 days' notice is not given, the responsible party will be charged for thirty days following the date of the child's withdrawal regardless of attendance on those days.

Other Information

Children in our 3's, 4's and Pre-K programs must be toilet trained before beginning the program.

Non-Discrimination Policy

No child is denied admittance to Hillcrest Covenant Weekday Preschool programs based on race, color, religion, national origin, ancestry, physical handicap, or sex in accordance with Kansas State Laws.

Emergency Information

In the event of an emergency or if your child needs to be picked up from school, Hillcrest Covenant Preschool will contact one of the following people based on the order in which they are listed. (This list includes people authorized to pick up and drop off your child other than parents/guardians).

Name	Relationship	Address	Phone	Alternate Phone

Student Health Form

This information will enable us to be aware of any health-related concerns or emergencies that may arise. This information is kept confidential in your child's cumulative health folder for professional use only.

Medical Treatment Release

In the event of an emergency and I am unavailable, I authorize school personnel to make arrangements for my child to receive medical care, including required transportation in an ambulance to the nearest hospital or treatment facility. I authorize the physician and/or dentist named below to undertake such care as is considered necessary. In the event said physician is unavailable, I authorize all such treatment to be performed by a licensed physician and surgeon. I agree to pay all costs incurred.

Medical Service Information

Physician _____ Address _____ Phone _____

Dentist _____ Address _____ Phone _____

Hospital Preference _____

General Medical Information

Current medication taken _____

Does your child:

Wear Glasses? Yes or No

Have or carry an Epi pen? Yes or No

Have hearing loss? Yes or No

Use hearing aids? Yes or No

Have a history of: Asthma Bee Sting Allergy Diabetes Epilepsy Heart Condition

Please mark the class and days you are enrolling.

2's M W F Half Day Full Day

3's MWF T/TH M-F Half Day Full Day

4's MWF M-F Half Day Full Day

PreK MWF M-F Half Day Full Day

Morning Care M T W TH F

Monthly Tuition _____

History of Immunizations

Required for all children in child care facilities, including the provider's own children. A Kansas Certificate of Immunizations (KCI) may be substituted for this form and attached to the completed Medical Record.

Child's Name: _____ Date of Birth: _____
First Last MM/DD/YYYY

Section I. For a recommended schedule of immunizations, refer to the current schedule published by the Advisory Committee on Immunization Practices (ACIP).

Vaccine	Record the Month, Day and Year that each Dose of Vaccine was Received					
	1 st	2 nd	3 rd	4 th	5 th	6 th
DTaP/DT/Td/Tdap (Diphtheria, Tetanus, Pertussis)						
Polio						
MMR (Measles, Mumps, and Rubella combined)						
HBV (Hepatitis B Vaccine)						
Varicella (Chicken Pox)			Hx of Disease: Physician Signature		Date of Illness:	
HIB (Hemophilus Influenzae Type B)						
PCV7 (Pneumococcal Conjugate)						
HEP A (Hepatitis A)						
Rotavirus **Recommended <8 mo of age; not required						
Influenza(Flu) ** Recommended annually >6 mo of age; not required						

Section II.

Complete this section only if your child is exempted from the law requiring immunizations [K.S.A. 65-508(d)].

The following two options are the **ONLY** exemptions allowed by law. Please check either (A) or (B) below and complete as required:

(A) Certification from licensed physician stating that immunization would endanger child's life:

Exempt from following immunizations:

DTP Pertussis Only Tetanus Polio MMR Rubella Only Hep A Hep B
 Hib PCV7 Other

Physician's Signature (required): _____ Date: _____

(B) My child is exempt under the law from immunizations. As the Parent or Legal Guardian, I state that I am an adherent of a religious denomination whose teachings are opposed to immunizations.

Section III.

Parent/Guardian Signature: _____ Date: _____



**MEDICAL RECORD FOR ALL CHILDREN IN CHILD CARE FACILITIES,
INCLUDING PROVIDER'S OWN CHILDREN**

Parents are to complete the Medical Record and the History of Immunizations for each child in licensed child care facilities. The Medical Record, History of Immunizations, and Child Health Assessment are transferable when the child moves to another licensed child care facility.

Child's First Day in Child Care _____

Name of Child Care Facility _____

Child's Name _____
First Last

Date of Birth _____ Gender _____
MM/DD/YYYY M/F

Parent/Guardian Information

Parent/Guardian Information

Name _____

Name _____

Home Address _____
Street City Zip Code

Home Address _____
Street City Zip Code

Home Phone Number _____

Home Phone Number _____

Work Address _____
Street City Zip Code

Work Address _____
Street City Zip Code

Work Phone Number _____

Work Phone Number _____

Cell Phone Number _____

Cell Phone Number _____

E-mail Address _____

E-mail Address _____

Best way to contact _____

Best way to contact _____

Names and ages of children in family _____

Persons authorized to pick up the child or to notify in case of emergency. Include name, address, and telephone number. Attach an additional page, if necessary. _____

Child's Physician _____

Phone Number _____

Child's Dentist _____

Phone Number _____

Hospital Preference (for emergencies) _____

Has your physician approved the use of any non-prescription medications for your child such as acetaminophen, cough syrup, or ointments that can be given by the child care provider? ___ No ___ Yes, as follows:

Does your child have any of the following conditions (yes or no)? If yes, provide information on Authorization for Emergency Medical Care form CCL. 010.

_____ Allergies	_____ Frequent sore throats/colds	_____ Ear Aches
_____ Asthma	_____ Speech, Visual, Hearing	_____ Diabetes
_____ Epilepsy/Seizures	_____ Other _____	

If yes answered to any above, please provide additional information _____

Have there been major changes at home that might affect your child in care? ___ No ___ Yes, as follows:

Please provide additional information or special instructions that will help the person caring for your child. _____

Parent/Guardian Signature: _____ Date: _____



AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4-582(e)(2).

Name of facility exactly as stated on the license. <i>Hillcrest Covenant Weekday Preschool</i>	License # <i>0000232-019</i>
---	---------------------------------

I authorize *Gretchen Gordon or person in charge of facility* (caregiver/staff) who is (are) representative(s) of the above-named facility to give consent for any and all necessary emergency medical care for my child or youth _____ (child's first and last name) while child or youth is in the facility's custody between *8/20/24* and *further notice*
MM/DD/YYYY MM/DD/YYYY

Is child covered by health insurance? Yes No

If yes, complete the following:

Health Insurance Policy Name _____ Policy Number _____
Medical Assistance Program _____ Card Number _____
Military Medical Care I.D. Number _____

If known, date of last Tetanus inoculation: _____
MM/DD/YYYY

List any known allergies or other information about the medical conditions of this child or youth pertinent in case of emergency:

Signature of Parent or Guardian	Date Signed
---------------------------------	-------------

Witness to Parent's or Guardian's signature if required by the local hospital or clinic.	Date Signed
--	-------------

Notarization of Parent's or Guardian's signature if required by local hospital or clinic.

State of <u>Kansas</u> County of _____
Signed or attested before me on _____ by _____ MM/DD/YYYY Name of Person
(Seal, if any.)
_____ Signature of notarial officer
_____ Title (and Rank)
My appointment expires: _____

The Medical Record/Assessment Form (Or Health Status History form for School Age Programs) and the authorization for Emergency Medical Care must be taken to the emergency room. Both forms must also be in a vehicle when the child or youth is transported by the facility.