

APPLE HILL ACADEMY
16290 PIERSIDE LANE
WILDWOOD, MISSOURI 63040
(636) 458-4323
www.applehillacademy.com

PRESCHOOL APPLICATION
2011-2012 SCHOOL YEAR

Gifted Education For Every Preschooler

Application Fee: \$110 per Student

APPLICATION DATE _____
All spaces must be filled in with complete information.



TOUR DATE - NEW FAMILIES ONLY _____

CHILD'S NAME _____ PHONE (____) _____
LAST FIRST NICKNAME

CELL PHONE (____) _____

EMAIL ADDRESS _____


CHILD'S ADDRESS _____
STREET CITY ZIP CODE SUBDIVISION

AGE ON 7/30/11 _____ BIRTH DATE _____ RELIGIOUS PREFERENCE _____ SEX: M F


OPTIONAL

CLASS REQUESTED: List *FIRST, SECOND, and THIRD CHOICES USING NUMBERS 1, 2, & 3*

PRE KINDERGARTEN	MTWTF AM	_____	PRE KINDERGARTEN	MTWTF PM	_____
PRE KINDERGARTEN	MTWT AM	_____	PRE KINDERGARTEN	MTWT PM	_____
PRE KINDERGARTEN	M W F AM	_____	PRE KINDERGARTEN	M W F PM	_____
THREE TO FOUR YEAR OLD	MTWTF AM	_____	THREE TO FOUR YEAR OLD	MTWTF PM	_____
THREE TO FOUR YEAR OLD	M W F AM	_____	THREE TO FOUR YEAR OLD	M W F PM	_____
THREE TO FOUR YEAR OLD	T T AM	_____	THREE TO FOUR YEAR OLD	T T PM	_____
TWO TO THREE YEAR OLD	MTWTF AM	_____	TWO TO THREE YEAR OLD	MTWTF PM	_____
TWO TO THREE YEAR OLD	M W F AM	_____	TWO TO THREE YEAR OLD	M W F PM	_____
TWO TO THREE YEAR OLD	T T AM	_____	TWO TO THREE YEAR OLD	T T PM	_____

MOTHER'S NAME  _____ ADDRESS _____ PHONE (____) _____
CELL PHONE (____) _____

MOTHER'S PROFESSION _____ PLACE OF BUSINESS _____ WORK PHONE (____) _____

FATHER'S NAME  _____ ADDRESS _____ PHONE (____) _____
CELL PHONE (____) _____

FATHER'S PROFESSION _____ PLACE OF BUSINESS _____ WORK PHONE (____) _____

LIST NAMES AND AGES OF SIBLINGS _____

LIST TWO PERSONS, OTHER THAN PARENTS, ALLOWED TO PICK-UP YOUR CHILD *IF YOUR CHILD IS ILL OR INJURED - State requires*

1. _____ PHONE (____) _____ RELATION TO CHILD _____

2. _____ PHONE (____) _____ RELATION TO CHILD _____

DOCTOR _____ PHONE (____) _____ DENTIST _____ PHONE (____) _____

ALLERGIES: YES NO LIST IF "YES" _____
If "yes", an informational sheet will be sent home regarding the required written physician's explanation and care guidelines.

FOOD RESTRICTIONS: YES NO LIST IF "YES" _____

MEDICATIONS TAKEN AT HOME - *School does not administer* _____

PREVIOUS SCHOOL EXPERIENCE _____


OTHER GROUP EXPERIENCE _____

ELEMENTARY SCHOOL CHILD WILL ATTEND _____

FAVORITE ACTIVITIES _____

FAVORITE BOOKS _____

FAVORITE ANIMALS _____


DO GRANDPARENTS LIVE IN TOWN?  _____

DOES YOUR CHILD USE THE BATHROOM INDEPENDENTLY? _____
This is required for Three to Four Year Old Preschool and Pre Kindergarten attendance.

WHAT CAN APPLE HILL ACADEMY PROVIDE FOR YOUR CHILD? _____

ADDITIONAL INFORMATION YOU MAY WISH TO TELL US ABOUT YOUR CHILD _____

NEW STUDENTS: WHY DO YOU WISH FOR YOUR CHILD TO ATTEND APPLE HILL ACADEMY? _____

NEW FAMILIES: HOW DID YOU LEARN ABOUT APPLE HILL ACADEMY?  _____

PERSON/S TO PICK-UP YOUR CHILD AFTER SCHOOL _____

MAKE AND COLOR OF VEHICLE USED TO PICK-UP CHILD _____ LICENSE PLATE _____
Primary pick-up vehicle Primary vehicle



*

SIGNATURE OF PARENT OR GUARDIAN

DATE

*



Apple Hill Academy admits students of any race, color, national, and ethnic origin to all the rights, privileges, programs, and activities accorded or made available at the school.

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ACADEMY USE

DATE _____ TOUR: Y N REGISTRATION FEE: Y N S R L T ACCEPTANCE LETTER: Y N _____

CLASS ASSIGNED _____ WAIT LISTS/DATES/FEES _____ TUITION W/ SIBLING DISCOUNT \$ _____

VEHICLE ID NUMBER _____ CAR POOL DRIVERS _____ CARD/S _____ M T W T F