

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

PRESCHOOL APPLICATION
2010-2011 SCHOOL YEAR
Gifted Education For Every Preschooler

Application Fee: Apple Hill Families - \$75 per Student. New Families - \$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

EMAIL ADDRESS _____ CELL PHONE (____) _____

CHILD'S ADDRESS _____
STREET CITY ZIP CODE SUBDIVISION

AGE ON 7/30/10 _____ BIRTH DATE _____ RELIGIOUS PREFERENCE _____ SEX: M F
OPTIONAL

CLASS REQUESTED: LIST FIRST, SECOND, AND THIRD CHOICES USING NUMBERS 1, 2, & 3 if applicable.

PRE KINDERGARTEN	MTWTF	AM	_____							
PRE KINDERGARTEN	MTW	F	AM	_____	PRE KINDERGARTEN	M	WT	PM	_____	
PRE KINDERGARTEN	MTWT	AM	_____		THREE TO FOUR YEAR OLD	M	WT	PM	_____	
THREE TO FOUR YEAR OLD	M	W	F	AM	_____	TWO TO THREE YEAR OLD	M	W	PM	_____
THREE TO FOUR YEAR OLD	T	T	AM	_____						
TWO TO THREE YEAR OLD	M	W	F	AM	_____	KIDS-DAY-OUT TWO YEAR OLD	T	AM	_____	
TWO TO THREE YEAR OLD	M	W	AM	_____		KIDS-DAY-OUT TWO YEAR OLD	T	AM	_____	
TWO TO THREE YEAR OLD	T	T	AM	_____		KIDS-DAY-OUT TWO YEAR OLD	F	AM	_____	

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/FEEES _____ TUITION W/ SIBLING DISCOUNT \$ _____

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