



**Application Packet**  
**Hillcrest Covenant Weekday Preschool**  
8801 Nall Ave Prairie Village, KS 66207  
913.901.2300 ext 317  
weekdaypreschool@hillcrestcov.org

### **About Us**

Hillcrest Covenant Church is a Covenant church that exists to help bring others fully alive in Christ. Hillcrest Covenant Weekday Preschool is a school designed to provide excellent Christian education. All of our staff members are Christians, have experience in education, and are regularly trained in updated teaching methods. It is the goal of all of our staff to help develop the 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 Christ-centered education for their children. Christian education provides the opportunity for each student to develop spiritually, intellectually, morally, 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 textbooks, worksheets and materials to teach the basic skills of reading, writing, math and science. We follow the Kansas State Standards for preschool in order to ensure that transition into Kindergarten is successful. In addition, The Bible is taught as a core subject. God's Word and the teachings of Jesus are integrated throughout the entire program. Music and physical education is also offered.

### **Enrollment Process**

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

- A personal tour of facilities with staff member
- Submit this application packet
- Submit a \$50.00 non-refundable registration fee
- Submit current immunization records for the child and additional state required paperwork

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, 2021.

## **ADD ONS**

<b>BEFORE SCHOOL</b> 8:00-9:00am	<b>Annual Plan</b> (due Sept. 15th)	<b>Semester Plan</b> (due Sept. 15th & Jan 15th)	<b>Monthly Plan</b> (due 15th of every month)
1 day	240.00	120.00	30.00
2 days	480.00	240.00	60.00
3 days	720.00	360.00	90.00
4 days	960.00	480.00	120.00
5 days	1200.00	600.00	150.00

\*Semester and annual plan based on an 8 month school year. May's tuition will be collected in May 2021 and is not included in the annual semesters plan.

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<b>TWO'S</b>	<b>Annual Plan</b>	<b>Semester Plan</b>	<b>Monthly Plan</b>
9:00-12:00pm	(due Sept. 15th)	(due Sept. 15th & Jan 15th)	(due 15th of every month)
Child must be two years of age by September 1, 2021.			
1 day	560.00	280.00	70.00
2 days	1120.00	560.00	140.00
3 days	1680.00	840.00	210.00
4 days	2240.00	1120.00	280.00
5 days	2800.00	1400.00	350.00

<b>TWO'S</b>	<b>Annual Plan</b>	<b>Semester Plan</b>	<b>Monthly Plan</b>
9:00-3:00pm	(due Sept. 15th)	(due Sept. 15th & Jan 15th)	(due 15th of every month)
Child must be two years of age by September 1, 2021.			
1 day	1120.00	560.00	140.00
2 days	2240.00	1120.00	280.00
3 days	3360.00	1680.00	420.00
4 days	4480.00	2240.00	560.00
5 days	5600.00	2800.00	700.00

The **Two's program**: your child will develop meaningful relationships with a focus on learning how 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 will ask that you bring a diaper bag with extra clothes and diapers or pull ups. Children who stay until 3:00 will bring their lunch. Children also provide blankets for napping, diapers, water cup and pacifier.

#### **Schedule options for Two year olds:**

Your child has the option to attend 1-5 days a week.

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

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

Full day Program: 9:00 am-3:00pm. 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 brought from home) and nap time.

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<b>THREE'S</b>	<b>Annual Plan</b>	<b>Semester Plan</b>	<b>Monthly Plan</b>
9:00-12:00pm	(due Sept. 15th)	(due Sept. 15th & Jan 15th)	(due 15th of every month)
Child must be three or four years of age by September 1, 2021.			
Tuesday/Thursday	1240.00	620.00	155.00
Monday/Wednesday/Friday	1800.00	900.00	225.00
Monday-Friday	3040.00	1520.00	380.00

<b>THREE'S</b>	<b>Annual Plan</b>	<b>Semester Plan</b>	<b>Monthly Plan</b>
9:00-3:00pm	(due Sept. 15th)	(due Sept. 15th & Jan 15th)	(due 15th of every month)
Child must be three or four years of age by September 1, 2021.			
Tuesday/Thursday	2040.00	1020.00	255.00
Monday/Wednesday/Friday	3000.00	1500.00	375.00
Monday-Friday	4680.00	2340.00	585.00

**The Three's Program** focuses on basic reading, writing, and math skills, while incorporating music, physical education, art, and social 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 (TTH), 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: 9:00am-12:00pm. This is our basic program with the description listed above.

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

<b>4's and K-PREP</b>	<b>Annual Plan</b>	<b>Semester Plan</b>	<b>Monthly Plan</b>
9:00-12:00pm	(due Sept. 15th)	(due Sept. 15th & Jan 15th)	(due 15th of every month)
Monday/Wednesday/Friday	1800.00	900.00	225.00
Monday-Friday	3040.00	1520.00	380.00

<b>4's and K-PREP</b>	<b>Annual Plan</b>	<b>Semester Plan</b>	<b>Monthly Plan</b>
Full day option 9:00-3:00pm	(due Sept. 15th)	(due Sept. 15th & Jan 15th)	(due 15th of every month)
Monday/Wednesday/Friday	3000.00	1500.00	375.00
Monday-Friday	4680.00	2340.00	585.00

**The Four's and K-Prep 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 skills, fine and gross motor skills. Students experience music and movement and on site field trips.

**Schedule options for Fours and K-Prep program:**

Your child has the option to attend M/W/F or M-F half days from 9:00am-12:00pm or full days 9:00-3:00pm. Full-day programs also include a lunch break (lunch brought from home) and quiet time.

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

Full-day Programs: 9:00am-3:00pm. This option continues the instruction presented during the regular half-day program with a stronger emphasis on phonics, reading and writing skills. Full-day programs also include a lunch break (lunch brought from home) and quiet time.

**\*Semester and annual plan based on an 8 month school year. May's tuition will be collected in May 2021 and is not included in the annual and semester plan.**

**HILLCREST  
WEEKDAY**  
Preschool

**Hillcrest Covenant Weekday Preschool**  
8801 Nall Ave Prairie Village, KS 66207  
913.901.2300 ext  
weekdaypreschool@hillcrestcov.org

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ ( \_\_\_\_\_ )  
Nickname \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

Current Age: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birthplace: \_\_\_\_\_

Gender: Male Female

Is English the child's first language? Yes No If not, what is the first language? \_\_\_\_\_

Please list names of immediate family members who are or have attended Hillcrest Covenant Weekday Preschool: \_\_\_\_\_

I would like my child's name, parent's name, home phone number, and email included in the school directory to be distributed to parents in my child's class. Yes 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 as permission for use of my student's image by Hillcrest Covenant and its constituents.

Initials Required: \_\_\_\_\_

**Family Information**

Marital status: Married Divorced Remarried Separated Single Widow

The child applying lives with: Father/Guardian Mother/Guardian Both Other

If parents are divorced or separated, to whom should correspondence be sent?

Father/Guardian Mother/Guardian Both Other (specify) \_\_\_\_\_

**Father/Guardian**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address (if different than child's) \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

**Mother/Guardian**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address (if different than child's) \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

How did you hear about Hillcrest Covenant Weekday Preschool? \_\_\_\_\_

Do you attend Hillcrest Covenant Church? Yes No

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

If yes, where do you attend? \_\_\_\_\_

**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 name 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 bear 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 No

Have or carry an Epi pen? Yes No

Have hearing loss? Yes No

Use hearing aids? Yes No

Have a history of: Asthma

Bee Sting Allergy

Diabetes

Epilepsy

Heart Condition

Does your child have any allergies (please include any/all allergies to medications or food)? Yes No

Are there any medical conditions that would limit your child's normal school activities? Yes No

**Emotional/Psychological Information**

Has your child experienced a recent, significant loss of a loved one? (parent, sibling, grandparent, friend, pet, divorce, etc?) Yes No

Does your child have problems with temper tantrums or emotional outbursts? Yes No

Are you concerned or does your child show signs of hyperactivity or attention difficulties? Yes No

Has your child been diagnosed with a learning disorder? Yes No

**Other**

Please note any additional comments or concerns you would like us to know about your child's health:



## Student Questionnaire

We use this questionnaire to gauge where our children are at and for us to get to know each child before they enter into preschool.

1. Has your child been cared for by anyone other than parents/guardians? Yes No  
If yes, please list names and relationships:
2. Has your child been in any other daycare or preschool environments? Yes No
3. Please circle any group experience your child has had:  
Sunday School VBS Play Group Music/Dance Gymnastics Sports Other
4. Can your child verbally express his/her needs? Yes No
5. Does your child use the restroom independently?(required for 3's class and up) Yes No
6. Does your child need help dressing or undressing?  
(using snaps, buttons, belts, zipper and or jackets) Yes No
7. Is your child: Right handed Left handed Ambidextrous Not sure
8. Please circle the items listed with which your child has had some experience:  
Crayons Pencil Scissors Markers Glue Chalk Paint Play-dough Puzzles
9. What two activities does your child most enjoy?
10. Is there an activity your child does not enjoy?
11. Does your child have any unique fears?
12. Does your child exhibit separation anxiety?
13. What do you hope your child will accomplish in school this year?
14. Please briefly describe your child's personality and activity level.

## 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 closures due to inclement weather or family vacations.

A non-refundable annual registration fee of \$60.00 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.

An activity fee will be collected in September for 3's-K Prep Classes of \$30.00. This fee is used to cover art materials and in house field trips.

Each class will be asked to donate supplies. A note will be sent home in August with this list.

### Payment Options

- **Annual Plan:** One payment due by September 15th
- **Semester Plan:** Two payments due September 15th and January 15th.
- **Monthly Plan:** First payment due September 15th and following payments due the 15th of every month thereafter. A grace period is given until the 20th of each month, after this a late fee of \$10/week applies.
- Mid-month enrollment will result in a proration for that month, and is allowed September-February for preschool.
- All cash, check and or money order payments can be submitted to the Hillcrest Covenant Weekday Preschool office. AT NO TIME should a payment be submitted to a teacher or other staff member.
- Returned check fee of \$25.00 will be assessed for all payment returned from the bank.
- Once your child is accepted into the program, we will request the **last month's non-refundable** tuition payment for May 2022 to be paid in advance and received in our office by **Thursday, May 6<sup>th</sup>, 2021**. **Your spot will be given to someone on our waiting list, if we do not receive your final month's May payment by May 6<sup>th</sup>, 2021.** (An email will be sent with a reminder prior to this action.)

### Withdrawal Information and Refund Policy

- Once the enrollment process is complete (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.
- Summer refunds: (Withdrawal in May, June or July for the school year beginning the following August) Any tuition paid prior to the school year will be fully refunded expect for non-refundable fees.
- All registration and May tuition fees are non-refundable.

### Other Information

- Children **must be toilet trained** to start our 3's and 4's/K Prep classes.
- We will 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 1<sup>st</sup>, 2021.
- Every child must have a new immunization record, health and emergency forms on file in order to begin classes.
- **NON-DISCRIMINATION POLICY** - No child is denied admittance to Hillcrest Covenant Weekday Preschool programs on the basis of race, color, religion, national origin, ancestry, physical handicap, or sex in accordance with Kansas State Laws.

**Parent Tuition and Program Commitment**

We have read and will abide by the school's policies in regards to tuition payments, attendance policies, withdrawal policies and policies regarding refunds and or non-refundable fees. We acknowledge by signing this agreement, it is for a limited duration, and that all rights and privileges herein terminate upon the expiration date of the academic year applied for, unless terminated sooner. We understand that we are responsible for all financial obligations as set forth in the school's financial policies.

Please circle what program days you are enrolling your child in for Two's: M T W TH F

Please circle what program days you are enrolling your child in Three's: T/TH, MWF or M-F

Please circle what program days you are enrolling your child in 4's or K-Prep: MWF, M-F

Please circle what times you are enrolling your child in: 9:00-12:00, 9:00-3:00

Before School 8:00-9:00am: M T W TH F (All ages)

Please circle what payment plan you are choosing: Annual, Semester, and Monthly

Total Payment Amount: \_\_\_\_\_

The signature of parent/guardian:

Parent/Legal Guardian \_\_\_\_\_

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. <u>Hillcrest Covenant Weekday</u>	License # <u>0000232-014</u>
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I hereby authorize person in charge of facility (Name of individual/staff member) and/or \_\_\_\_\_ (Name of individual/staff member) 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 \_\_\_\_\_

(First and Last Name of Child or Youth) while said child or youth is in said facility's custody between the dates of Sept. 2019 and further notice  
MM/DD/YYYY MM/DD/YYYY

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

State of Kansas  
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: \_\_\_\_\_

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

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: \_\_\_\_\_

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.



**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 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
First Last 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: \_\_\_\_\_

## 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 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>
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: \_\_\_\_\_

