



Application Packet
Hillcrest Covenant Weekday Preschool
8801 Nall Ave Prairie Village, KS 66207
913-901-2317 ext 317
ggordon@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 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 60.00 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.

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, 2022.

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

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.

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

	<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
(9:00-12:00pm) **Monthly Plan (Due 15th of the month)**

1 Day	80.00
2 Days	160.00
3 Days	240.00
4 Days	320.00
5 Days	400.00

Two's
(9:00-3:00) **Monthly Plan (Due 15th of the month)**

1 Day	140.00
2 Days	280.00
3 Days	420.00
4 Days	560.00
5 Days	700.00

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-olds:
Your child has the option to attend 1-5 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 1 st)	
Tuesday/Thursday	160.00
Monday/Wednesday/Friday	240.00
Monday-Friday	400.00

Three's	Monthly Plan
9:00-3:00pm	
(Child must be 3 by September 1 st)	
Tuesday/Thursday	280.00
Monday/Wednesday/Friday	420.00
Monday-Friday	700.00

The Three's program focuses on basic reading, writing, and math skills, while incorporating fine and gross motor skill, 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	240.00
Monday-Friday	400.00

4's and Pre-K	Monthly Plan
9:00-3:00pm	
Monday/Wednesday/Friday	420.00
Monday-Friday	700.00

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 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 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. 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 1st 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 2023 to be paid in advance and received in our office by Monday, May 2nd, 2022. Your spot will be given to someone on our wait list if we do not receive your final month's May payment by May 2nd, 2022. (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.

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. 28-4-562(e)(2).

Name of facility exactly as stated on the license. <u>Hillcrest Covenant Week day</u>	License # <u>0000232-014</u>
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X 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

X 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 _____
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.

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Frequent sore throats/colds | <input type="checkbox"/> Ear Aches |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Speech, Visual, Hearing | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> 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: _____

