

HILLTOP PRESCHOOL of ZION LUTHERAN CHURCH

2122 Bronson Blvd • Kalamazoo, MI 49008 • tel (269) 382-2360 ext 213 • fax (269) 382-2367

ENROLLMENT APPLICATION 2010-2011

Please complete this application and return it with the **nonrefundable** application fee of \$50. Please make checks payable to *Hilltop Preschool*. Parent(s) and the person responsible for payment must sign the application. To secure placement when a position is available, a **nonrefundable** deposit is due within thirty (30) days of receiving the enrollment application. If enrollment is full, we will put your application on the waiting list. You will be notified in writing regarding the status of your application.

Personal Data

Child's Full Name:	Preferred Nickname:	M/F:	Baptismal Birthday:	Date of Birth:
<input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian		<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian		
<input type="checkbox"/> Mr <input type="checkbox"/> Dr		<input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr		
Name:		Name:		
Street Address:		Street Address:		
City/State/Zip:		City/State/Zip:		
Home Phone:		Home Phone:		
Mobile Phone:		Mobile Phone:		
Occupation:		Occupation:		
Job Title:		Job Title:		
Business Name:		Business Name:		
Street Address:		Street Address:		
City/State/Zip:		City/State/Zip:		
Work Phone:		Work Phone:		
E-mail Address:		E-mail Address:		
Church Affiliation:		Would you like information about Zion Lutheran Church? Yes No		

Hilltop Preschool of Zion Lutheran Church may rely on the information contained in this Enrollment Application (including the family data, guidance data and medical data) as true and correct to the best of my knowledge. I understand that it is my responsibility to provide any changes to the Preschool in writing.

Date: _____

Signature of parent(s)

Date: _____

Signature of person(s) responsible for payment (if different)

----- **For Office Use Only** -----

Date _____ **Amount** _____

Application _____ **Check** _____

Enrollment Procedure

Submit Enrollment Application with \$50 **nonrefundable** processing fee. Application expires one (1) month after receipt at office, unless it is placed on the waiting list. Upon receipt of the Enrollment Application, you will be notified of Enrollment Application expiration date **AND**

- If a position is available, receipt of the **nonrefundable** deposit (see Rate Sheet) is required by the expiration date to secure placement.
- If a position is unavailable, you will be notified of placement on the waiting list and contacted when a position is available.

Zion Member Discount: A 15% reduction in total annual tuition is applied to the final payment of each child enrolled.

Multi-Child Discount: A 5% reduction is applied to the final payment of the child with the least tuition when two or more siblings are enrolled.

Tuition Payment: Tuition may be prepaid or paid by installment. The payment plan for preschool-only students consists of six (6) monthly installments and preschool-with-Wraparound students may choose either six (6) or nine (9) monthly installments. Special payment arrangements may be made with the Administrative Assistant. Tuition installments are due on the first of the month beginning August 1. There is a \$30 late fee for tuition received after the 10th of the month. There is a \$40 fee for returned checks.

When the deposit is received a Welcome Packet will be mailed to your home. The packet includes the Health Appraisal/Immunization Record to be completed and signed by a parent and your child's physician. It also includes the Child Information Record which must be completed and signed by a parent. Please return forms by August 1. As per state licensing, we must have these forms on file for your child to attend preschool.

PRESCHOOL SCHEDULE & RATES				
Class	Days	Schedule	Tuition Community	Tuition Member
3s Yellow Bugs	T, TH	8:30-11:30am (6 hours per week)	\$29.86 week / \$1133 year	\$25.34 week / \$963 year
4s Orange Bugs	M,W,F	8:30-11:30am (9 hours per week)	\$37.68 week / \$1432 year	\$31.58 week / \$1200 year
Young 5s Red Bugs	M-F	1:00-4:00pm (15 hours per week)	\$47.42 week / \$1802 year	\$40.32 week / \$1532 year

WRAPAROUND RATES							
Available Hours: 7am – 6pm							
Plan	Hours Per Week	Community Rates			Member Rates		
		Hourly	Weekly	Annually	Hourly	Weekly	Annually
A	.5 – 5.75	\$7.63	\$45	\$1710	\$6.53	\$37.50	\$1425
B	6-9.75	4.72	46	1748	4.00	39	1482
C	10-17.75	3.44	61	2318	2.93	52	1976
D	18-28.75	2.86	82	3116	2.44	70	2660
E	29-39.75	2.70	107	4066	2.29	91	3458
F	40-49	2.62	128	4864	2.22	109	4142

Please choose the preschool program your child will attend and, if needed, a Wraparound plan. Use the table below to fill in your child's schedule then transfer to the Enrollment Contract.

Day	Your Child's Preschool Schedule	Your Child's Wraparound Schedule	Total
Monday			--
Tuesday			--
Wednesday			--
Thursday			--
Friday			--
Total Hours/Tuition	Bugs \$ _____ per year	Plan ____ @ _____ hours per week; \$ _____ per year	\$ _____
<i>Example</i>	<i>Yellow Bugs \$1133 per year</i>	<i>Plan B @ 9 hours per week; \$1748 per year</i>	<i>\$2881</i>

Things You Need to Know

- Disabled children should be identified early in the application process so that reasonable accommodations can be arranged during the admission process.
- An orientation session for parents of new students will take place before school starts in the fall. You will receive notification in July which contains information about the day and time of the orientation.
- The Wraparound Program is available to all enrolled students from 7am-6pm and children in half-day kindergarten if availability allows. Afternoon Wraparound students are allowed to rest between 12:30-2pm. After 6pm, a late pickup fee of \$10 will be charged for each additional 15 minutes, or portion thereof.
- Parents will be charged \$10 per hour or portion thereof for late pickup during operating hours.
- Hilltop's 40-week school year begins the Tuesday after Labor Day and ends the first week in June. The preschool is closed during Kalamazoo Public Schools' winter break and selected legal and religious holidays. Students in both preschool and Wraparound may use their scheduled plan hours to attend Hilltop during spring break while preschool-only students may attend for an additional fee if space allows.

HILLTOP PRESCHOOL of ZION LUTHERAN CHURCH

Enrollment Contract

Upon acceptance by the administration, and with my payment of the appropriate enrollment deposit, please enter my child or ward as a student in Hilltop Preschool for the full school year, subject to the general statements, rules, regulations, conditions, traditions, and financial terms contained in the Family Handbook, calendar, Rate Sheet, and application for admission.

1. A **nonrefundable** application fee of \$50 is required. When my application is accepted and a position is available, a **nonrefundable deposit** is required within thirty (30) days to secure my child's enrollment. Acceptance of my deposit (refer to the Rate Sheet for amount) constitutes nonrefundable evidence of good faith in binding this contract and will apply to the tuition for the school year.
2. Once Hilltop Preschool accepts this agreement and a place in the classroom is reserved, my **obligation to pay** according to the Rate Sheet is unconditional and not subject to reduction, proration, or setoff because of my child's absence or my decision to withdraw my child or children from the Preschool. All students are enrolled for the entire school year, unless it is expressly agreed to the contrary in writing.
3. Sally E. Grushon Scholarship recipients must meet all financial obligations in full as outlined in the Enrollment Contract.
4. The Wraparound Program operating hours end at 6pm; an additional fee of \$10 per quarter hour or portion thereof per child for **late pickup** will be charged. Parents will be charged \$10 per hour or portion thereof per child for **late pickup** during operating hours. I understand my child will not be allowed to attend classes unless fees are paid by the stated deadlines. **Deposit** for the following year will be accepted only if the account is current. Until the account is current, all monies paid will be posted to the outstanding balance. Thereafter, monies paid may be used to secure future enrollment, provided those monies are accompanied by a signed re-enrollment contract demonstrating my intent.
5. The Preschool is not responsible for damages to or loss of personal belongings.
6. I understand that it is my responsibility to provide my child's food and drink for meals while he/she attends Hilltop Preschool. If my child stays through the lunch period and has no meal provided from home, one will be given at the cost of \$1.50 to the parent. Healthy snacks will be provided to all students.
7. From time to time, Hilltop Preschool staff takes photographs and videos of children during school for the purpose of promotional activities, newsletters, displays, brochures, the Preschool website, etc. I agree to allow the use of my child's photographs for such purposes for the term of enrollment.
8. I understand it is the policy of the Preschool that, in order to avoid any possible risk of contagion, a student with a contagious and/or communicable disease will not be allowed on the campus. The school administrator has the authority to make the decision based on the advice of the classroom staff and appropriate professionals.
9. I agree to release Hilltop Preschool, its faculty, staff, and volunteers from any claims I or my child may have for injuries or damages by third parties, whether such injuries or damages occur on school premises, or while away from those premises on school-sponsored field trips or activities.
10. I agree that if any **emergency medical procedure or treatment** is required while my child is under Hilltop's supervision, and I cannot be contacted to give my consent to such treatment or procedures within a reasonable time as the circumstances may allow, I permit Hilltop Preschool and its faculty and staff to consent to such procedures or treatment in my absence as they, within their discretion, determine to be necessary. I further agree to release Hilltop Preschool and its faculty and staff from any claims for injury or damages resulting from such emergency medical procedures or treatment.
11. I understand that the laws of the State of Michigan and the regulations of Hilltop Preschool require students in all classes to have specific health records and emergency notification information on file before attending the first day of classes. Forms will be provided by the Preschool upon acceptance for admission. Children must be potty-trained to begin school.
12. I give my consent to have directory information printed in the school directory for distribution to families of other enrolled students.
 Yes No
13. Check the payment plan of your choice. Review the Rate Sheet before selecting. Prepayment 6 Installments 9 Installments
14. Check the preschool class in which your child will enroll. Review Preschool Schedule & Rates chart under Enrollment Procedure before selecting. If enrolling in preschool only, use this chart to determine tuition.
 3s - Yellow Bugs 4s - Orange Bugs Y5s - Red Bugs
15. If applicable, check which Wraparound plan you will combine with the above preschool class. Review Wraparound Rates chart under Enrollment Procedure before selecting. If enrolling in preschool with Wraparound, use this chart to determine tuition.
 Plan A Plan B Plan C Plan D Plan E Plan F
16. Wraparound hours may be increased at any time when availability allows. Upon acceptance of this Contract by Hilltop Preschool, you are financially obligated for the Wraparound hours requested at enrollment unless a seven (7) day written notice is given to decrease plan hours.
17. Write your child's daily schedule. Review schedule and rate charts under Enrollment Procedures before selecting.

Day	Your Child's Preschool Schedule	Your Child's Wraparound Schedule	Total
Monday			--
Tuesday			--
Wednesday			--
Thursday			--
Friday			--
Total Hours/Tuition	Bugs \$ _____ year	Plan _____ @ _____ hours per week; \$ _____ year	\$ _____

NAME/ADDRESS _____ AREA CODE/PHONE _____ RELATIONSHIP TO CHILD _____

NAME/ADDRESS _____ AREA CODE/PHONE _____ RELATIONSHIP TO CHILD _____

Family Data

Whom may we thank for your referral? _____

Are the parents separated? Yes No If yes, who has legal and physical custody? _____

With whom does the child live? _____

If a parent has been denied access or may visit the child only with supervision as declared by court order, please provide us with copies of the court orders.

Parents' special talents and/or interests _____

Sibling Names and Ages _____

If you would like to keep grandparents informed about school activities, they may receive our newsletter or occasional mailings. Please provide us with grandparents' names and addresses.

Name(s)	Street Address	City/State/Zip
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Name(s)	Street Address	City/State/Zip
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Home Church _____ Would you like information about Zion Lutheran Church? Yes No

Guidance Data

Has your child attended preschool or child care before? Yes No If yes, where? _____

What do you expect your child to gain from the preschool experience? _____

Is there anything we should know about your child that would help us provide a successful environment for him/her? _____

Does your child have any nervous habits, tantrums, fears, separation anxiety? How can this be alleviated? _____

Is there anything you feel the teacher should know that may be affecting your child? (e.g., recent move, death in family, divorce, new baby)

If your child receives or has received counseling for a serious event or personal problem, please share information you feel may be helpful.

Medical Data

Is your child on medication? Yes No

If yes, list name of the medication(s) _____

Are there any problems with: *(please use reverse to explain these or other problems not listed)*

_____ seasonal allergies _____ food allergies _____ asthma _____ bladder control _____ bowel control

_____ hearing _____ sleeping _____ speech _____ vision _____ eating

_____ coordination (special shoes, walking, steps, handling objects, etc.) _____ sensory issues (touch, loud noises)

List foods your child should not have: _____

General Information Questionnaire

Why did you choose Hilltop Preschool for your child(ren)?

Please explain: _____

Do you have access to free or discounted materials or services (e.g., advertising, art/school/office supplies, books, CDs, professional copying, etc.)

If yes, please specify: _____

Do you own any equipment or tools that could be used in committee work or the classroom?

If yes, please specify: _____

Do you know or have access to persons or businesses suitable for enrichment experiences and field trips (e.g., airport, post office, greenhouse, farm, etc.)

If yes, please specify: _____

Do you have suggestions for enrichment experiences/field trips that you feel would be beneficial?

If yes, please specify: _____

Do you have an occupational background, talents, or profession affiliations which could benefit the preschool?

If yes, please specify: _____

Are you qualified and willing to serve as a substitute teacher? Yes No

Do you have current CPR certification? Yes No