

## HILLTOP PRESCHOOL of ZION LUTHERAN CHURCH

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

### ENROLLMENT APPLICATION 2012-2013

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. If enrollment is full, we will put your application on the waiting list. You will be notified 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"/> Mr <input type="checkbox"/> Dr			<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <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. Upon receipt of the Enrollment Application, you will be notified if a position is:

- 1) available and your child has been placed .
- 2) unavailable then you will be notified of placement on the waiting list and contacted when a position becomes available.

**KPS Employee Discount** A 10% reduction in the total annual tuition.

**Zion Member Discount:** A 15% reduction in total annual tuition.

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

**Tuition & Wraparound Payment:** Tuition may be prepaid or paid in 10 (ten) 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 10<sup>th</sup> of the month and a \$40 fee for returned checks.

PRESCHOOL SCHEDULE & ANNUAL TUITION					
Class	Days	Schedule	Community	KPS Employee*	Member*
3s Yellow Bugs	T, TH	8:30-11:30am (6 hours per week)	1342	1208	1141
4s Orange Bugs	M,W,F	8:30-11:30am (9 hours per week)	1696	1526	1442
Young 5s Red Bugs	M-F	1:00-4:00pm (15 hours per week)	2097	1887	1814

\*Zion members who are KPS employees can obtain a Rate Sheet from the preschool office.

WRAPAROUND CHILDCARE RATES							
Available Hours: 7am – 6pm							
Plan	Hours per Week	Community Rates		KPS Employee Rates		Member Rates*	
		Hourly	Annually	Hourly	Annually	Hourly	Annually
A	5.99 hours or less	9.75	---	8.78	---	8.29	---
B	6 – 9.99	5.50	2088.10	5.00	1879.29	4.68	1774.89
C	10 – 17.99	3.85	2631.88	3.47	2368.69	3.27	2237.10
D	18 – 28.99	3.15	3589.86	2.84	3230.87	2.67	3051.38
E	29 – 39.99	2.99	4543.66	2.69	4089.29	2.54	3862.11
F	40 – 49	2.81	5232.22	2.53	4709.00	2.39	4447.39

\*Zion members who are KPS employees can obtain a Rate Sheet from the preschool office.

Please choose the preschool program your child will attend and, if needed, a Wraparound childcare plan. Use the worksheet 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 Childcare Schedule	Total
Monday			---
Tuesday			---
Wednesday			---
Thursday			---
Friday			---
<b>Total</b>			
<b>Hours/Tuition</b>	<b>_____ Bugs \$_____ per year</b>	<b>Plan _____ @ _____ hours per week; \$_____ per year</b>	<b>\$_____</b>
<i>Example</i>	<i>Yellow Bugs \$1141 per year</i>	<i>Plan B @ 9 hours per week; \$2088.10 per year</i>	<i>\$3229.10</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 in late August school starts in the fall. You will receive notification in July which contains information about the day and time of the orientation.
- The Wraparound Childcare 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 -2pm.
- After 6pm closing, a late pickup fee of \$5 per child will be charged for each additional 15 minutes, or portion thereof.
- Parents will be charged \$10 for each child per hour or portion thereof for late pickup during operating hours.
- Hilltop's 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 a combination of 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 fee, 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. Submission of my application and \$50 nonrefundable application fee constitutes evidence of good faith in binding this contract.
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 Childcare Program operating hours end at 6pm; an additional fee of \$5 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. Enrollment 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, its website, and social media sites. I agree to allow the use of my child's photographs for such purposes.
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    10 Monthly Installments
14. Check the preschool class in which your child will enroll. Review *Preschool Schedule and Annual Tuition* chart under Enrollment Procedure 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 Childcare Rates* chart under Enrollment Procedure to determine annual payment for childcare.  
 Plan A (paid when time is used)    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. Use the worksheet on the previous page under Enrollment Procedures to complete the table below.

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

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NAME/ADDRESS AREA CODE/PHONE RELATIONSHIP TO CHILD

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NAME/ADDRESS AREA CODE/PHONE RELATIONSHIP TO CHILD

Hilltop Preschool does not discriminate on the basis of race, sex, religion, creed, national origin, ancestry, age, ethnicity, disability or sexual orientation.

## 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.*

Sibling Name	Sibling Age	Sibling Date of Birth

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

Name(s) Street Address City/State/Zip

## 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 List medication(s) \_\_\_\_\_

Are there any problems with: *(please use the 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: \_\_\_\_\_

List foods or items your child should not come in contact with \_\_\_\_\_

## 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: \_\_\_\_\_

Parents' special talents and/or interests \_\_\_\_\_

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

Do you have current CPR certification?  Yes  No