

# Heights Christian Preschool & Day Care

## 2025/26 Enrollment Form

Name of Child: \_\_\_\_\_  

Last
First
MI
DOB
Sex

Address: \_\_\_\_\_  

Street Address
Apartment #
City
State
Zip Code

Phone: \_\_\_\_\_ Child lives with: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Married/Divorced/Separated/Single/Widow/Living Together (circle one) Church Affiliation: \_\_\_\_\_

e-mail address: \_\_\_\_\_ home work

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Married/Divorced/Separated/Single/Widow/Living Together (circle one) Church Affiliation: \_\_\_\_\_

e-mail address: \_\_\_\_\_ home work

Siblings: Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

### EMERGENCY INFORMATION

In case of an emergency, name two (2) adults (other than parents/guardians) to notify if parents cannot be reached:

1. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#### *Office Use Only*

Teacher: \_\_\_\_\_

Reg. Fee \_\_\_\_\_

Wkly Tuition \_\_\_\_\_

- |                                      |                                       |  |                                      |                                   |                                     |
|--------------------------------------|---------------------------------------|--|--------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Nursery     | <input type="checkbox"/> 2s/Toddlers  | <input type="checkbox"/> 3s            | <input type="checkbox"/> 4s          | <input type="checkbox"/> Pre-K AM | <input type="checkbox"/> School Age |
| <input type="checkbox"/> Fulltime    | <input type="checkbox"/> 2 day-TTh/MW | <input type="checkbox"/> 3 day-MWF     | <input type="checkbox"/> Summer Only | Grade: _____                      |                                     |
| <input type="checkbox"/> Shot Record | <input type="checkbox"/> MailChimp    | <input type="checkbox"/> Photo Release | <input type="checkbox"/> Door Code   |                                   |                                     |
| <input type="checkbox"/> Folder      | <input type="checkbox"/> Pickup List  | <input type="checkbox"/> Brightwheel   | Enrollment: _____                    |                                   |                                     |

Hours: \_\_\_\_\_

Disenrollment: \_\_\_\_\_

## MEDICAL RELEASE & INFORMATION

I, \_\_\_\_\_ (parent/guardian name), hereby give permission to Heights Christian Preschool & Day Care, and its designee, to transport and/or seek medical attention and/or treatment for my child, \_\_\_\_\_ in the event of an emergency.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies or Medical Conditions: \_\_\_\_\_

## ACKNOWLEDGEMENTS

### Heights Christian Preschool & Day Care

**Open** Monday - Friday, from 7:00 AM to 6:00 PM.

**Late**--If your child is arriving late or not attending on a day, please call the Day Care Office by 10:30 AM.

**Holidays** observed are *Labor Day, Thanksgiving Day and following Friday, Christmas Day through New Year's Day, Good Friday, Memorial Day, and Independence Day*. We are closed for these days and any days closed because of snow or weather.

Normal tuition is required, vacation credit is not valid.

**Vacation credit** may be given for one-half of your reservation rate except for holiday closure days and must be given with **one week's notice**, and is limited to: **10 days a year for full-time; 6 days a year for MWF; and 4 days a year for TTH.**

**Vacation credit WILL NOT be given to summer only registrants and drop ins.**

**Registration Fees:** Due yearly and non-refundable.

Full-time or MWF \$100; T/Th \$75; B/A School Only \$75 with an additional \$25 for the summer; Summer only \$75.

**Tuition:** Rates are based upon yearly tuition divided into 52 weekly payments.

**Nursery (8 weeks - 23 months)** Full time \$215/week

**Two Years** Full time \$180/week

**Three Years - Five Years** Full time \$180/week; Preschool (9-11:45 AM) \$37/per day session;

Before/After Preschool hours \$5.00/hour additional

**School Age Children** School Year \$98/week. Summer Care \$180/week. Before/After school charges increase to full-time rates for in-service holidays.

**Tuition fees are due in advance.** Families are to enroll in Brightwheel where payments are made through ACH (withdrawn from a checking account) or Credit Card. Payments are due the first day of the week that your child attends. All returned payments are assessed a \$25 charge. **Accounts that are more than one week past due could result in child not being allowed to attend until the account is paid in full.** Only the Director can make special payment arrangements. Permission must be obtained from the Day Care Desk before bringing your child early or leaving them late. There is a late fee of \$1.00 per minute for children left past 6:00 PM. You must give one week's notice to withdraw. See handbook for a full description of services.

**Discipline Policy:** Discipline means training that enables the child to develop self control and orderly conduct in relationship to peers and adults. Discipline will be clear and understandable to the child before and at the time of any disciplinary action. Discipline shall include positive guidance, redirection, and the setting of clear limits which foster the child's own ability to become self-disciplined. Positive discipline may include brief, supervised separation from the group, withdrawal of special privileges (such as playtime with other children). Disciplinary practices will, at no time, include any of the following: physical punishment, withdrawal of food, rest or bathroom opportunities; abusive or profane language; any form of public or private humiliation, including threats of physical punishment; unsupervised isolation of the child, or any type of punishment that is hazardous to the physical, emotional or mental health of the child.

**Dismissal Policy:** With notice, your child could be dismissed for any of the following: failure to keep payments current; failure to keep immunizations current; Heights' failure to meet your child's needs; extreme physical aggression towards children or teachers.

**Field Trips.** I give my permission for my child to participate in field trips (Ks and older). Yes \_\_\_\_\_ No \_\_\_\_\_

I have received, read and understand the **Parent Handbook**, along with the policies, services, and financial arrangements of Heights Christian Preschool & Day Care.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HEIGHTS CHRISTIAN PRESCHOOL & DAY CARE  
APPLICATION / REGISTRATION FOR ENROLLMENT**

This application and agreement is hereby made for the enrollment of the following child/student into the care and program of Heights Christian Preschool and Day Care. I, by my signature contained within this application/agreement, understand and acknowledge that the information contained in this application/agreement has been completed accurately and completely to the best of my knowledge and I agree to update this information yearly or when the information contained herein has changed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CHILD INFORMATION**

Name of Child: \_\_\_\_\_  
Last First MI DOB Sex

Address: \_\_\_\_\_  
Street Address Apartment # City State Zip Code

Home Phone: \_\_\_\_\_ Child lives with: \_\_\_\_\_

Name of Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

If your child has any medical conditions and/or allergies, please list: \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY INFORMATION**

In case of an emergency, name two (2) adults (other than parents/guardians) to notify if parents cannot be reached:

1. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**PERSONS AUTHORIZED TO PICK UP CHILD**

Name(s) of Person(s) the above child may be released to: (Please list parents names also) Picture I.D. will be required at the time of release.

1. Name: \_\_\_\_\_ (Dad) Phone: (cell) \_\_\_\_\_ (wk) \_\_\_\_\_

2. Name: \_\_\_\_\_ (Mom) Phone: (cell) \_\_\_\_\_ (wk) \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: (cell) \_\_\_\_\_ (wk) \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone: (cell) \_\_\_\_\_ (wk) \_\_\_\_\_

5. Name: \_\_\_\_\_ Phone: (cell) \_\_\_\_\_ (wk) \_\_\_\_\_

6. Name: \_\_\_\_\_ Phone: (cell) \_\_\_\_\_ (wk) \_\_\_\_\_



## Photo Release Form

I, \_\_\_\_\_ hereby grant or deny Heights Christian Church and Heights Christian Preschool & Day Care permission to publish my child's photograph (child's name): \_\_\_\_\_ in church publications and or website located at [www.heightschristian.org](http://www.heightschristian.org) and [www.heightschristian.org/preschool-daycare.php](http://www.heightschristian.org/preschool-daycare.php)

I understand that I have the right to request, in writing, removal of the photo from the website within 30 working days or receipt of the request by Heights Christian Church and Heights Christian Preschool & Day Care.

I understand that this photo may be used in church and day care publications or on a website designed to promote the church and day care services as well as offer information and resources. Heights Christian Church is a 501c3 non-profit.

By signing below, I acknowledge my understanding of the above and grant my permissions for use of the photograph(s).

\_\_\_\_\_  
(please print name)

\_\_\_\_\_  
date

\_\_\_\_\_  
signature