

Dear Parents,

Please fill out ALL forms **COMPLETELY** with telephone numbers, addresses, and signatures. The medical form needs to be filled out by your child's doctor. **We also require a copy of your child's immunization records.** Return the enrollment package (medical form, immunization records & lead test form are due before 1st day of school) and a \$30 (non-refundable) registration fee to Hilltop Preschool as soon as possible. Our policy is first come, first serve basis, so make sure you send your papers/enrollment fee in promptly. This will reserve your child's enrollment for the fall.

The Medical forms and immunization records (up-to-date) **MUST** be returned to Hilltop before the First day of school in order for your child to attend.

Thank you.

Tracy Ryan

Contact information :

Director of Hilltop : Tracy Ryan 417-551-9684

e-mail: hilltopdirector@ozarkumc.org

Ozark United Methodist Church: 417-581-6853

Mailing Address: 2850 State Highway 14 East Ozark, MO 65721

*****PLEASE RETAIN THIS SHEET FOR YOU RECORDS.*****

HILLTOP PRESCHOOL ENROLLMENT

NAME OF CHILD _____

NAME OF PARENTS _____

Parents live together? YES____ NO____

HOME PHONE NUMBER _____

MOM'S CELL# _____ DAD'S CELL# _____

E-MAIL _____

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS?

IS THIS THE FIRST TIME THAT YOUR CHILD HAS BEEN IN PRESCHOOL? _____

How did you hear about our preschool program? _____

SIBLINGS NAMES & AGES _____

PLEASE CHECK THE CLASS YOU WOULD PREFER FOR YOUR CHILD. THE CLASSES
ARE FILLED ON **A FIRST COME BASIS.**

(YOUR CHILD MUST BE 4 BY AUGUST 1 TO ENROLL IN THIS CLASS)

___ **M-W-F 4'S MORNING CLASS (MEETS 9:00 AM-12:00 PM) \$175 PER MONTH(Full)**

___ **TU-TH 4'S MORNING CLASS (MEETS 9:00 AM-12:00 PM) \$125 PER MONTH (Full)**

 ___ **TU-TH 4's AFTERNOON CLASS (MEETS 12:30 PM - 3:30 PM) \$125 PER MONTH**
(This class has just been added and needs a minimum of 7 students to open)

(YOUR CHILD MUST BE 3 BY AUGUST 1 AND FULLY POTTY TRAINED TO ENROLL IN THIS CLASS)

___ **MON-WED-FRI 3's MORNING CLASS (MEETS 9:00 AM -12:00 PM) \$175 PER MONTH**

___ **TU-TH 3's MORNING CLASS (MEETS 9:00 AM - 12:00 PM) \$125 PER MONTH (Full)**

(Return with enrollment fee)

RELEASE FORM

I, _____, give permission to the following people to pick up my child from school.

NAME

PHONE NUMBER

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I understand that my child will not be released to ANYONE not on the above list.

Parent Signature

Date

Any person that the teacher has not- met before or does not know will NEED TO SHOW A PICTURE IDENTIFICATION (such as a driver's license) before the child will be released.

(Return with enrollment fee)



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION

CHILD CARE ENROLLMENT FORM FOR LICENSE-EXEMPT FACILITIES

FACILITY/PROVIDER NAME HILLTOP PRESCHOOL		ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME		GENDER	BIRTHDATE
ADDRESS (STREET, CITY, STATE, ZIP CODE)			
IDENTIFYING INFORMATION			
MOTHER'S/GUARDIAN'S NAME		HOME TELEPHONE NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>		CELL PHONE NUMBER	
E-MAIL ADDRESS			
EMPLOYER OR SCHOOL ATTEND		WORK/SCHOOL SCHEDULE	
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)		WORK TELEPHONE NUMBER	
FATHER'S/GUARDIAN'S NAME		HOME TELEPHONE NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>		CELL PHONE NUMBER	
E-MAIL ADDRESS			
EMPLOYER OR SCHOOL ATTEND		WORK/SCHOOL SCHEDULE	
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)		WORK TELEPHONE NUMBER	
EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY (OTHER THAN PARENT) AT LEAST ONE EMERGENCY CONTACT IS REQUIRED.			
NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBERS (CELL, WORK, HOME)	
ADDRESS (STREET, CITY, STATE, ZIP CODE)			
NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBERS (CELL, WORK, HOME)	
ADDRESS (STREET, CITY, STATE, ZIP CODE)			
AUTHORIZATION FOR EMERGENCY MEDICAL CARE			
I UNDERSTAND THAT I WILL BE NOTIFIED AT ONCE IN CASE OF AN EMERGENCY WITH MY CHILD, AND I WILL MAKE ARRANGEMENTS FOR MEDICAL CARE OF MY CHILD WITH THE PHYSICIAN OR HOSPITAL OF MY CHOICE.			
IF I CANNOT BE REACHED TO MAKE NECESSARY ARRANGEMENTS, OR IN A CRITICAL EMERGENCY REQUIRING MEDICAL CARE, I AUTHORIZE <div style="text-align: center;">HILLTOP PRESCHOOL _____ DAY CARE PROVIDER</div>			
TO CONTACT THE FOLLOWING:			
PHYSICIAN OR CLINIC			
NAME		TELEPHONE NUMBER	
PREFERRED HOSPITAL			
NAME		TELEPHONE NUMBER	

(Return with enrollment fee)

ACKNOWLEDGEMENTS		
A	I HAVE BEEN INFORMED OF THE REQUIRED HEALTH AND SAFETY INSPECTIONS AND THE INSPECTION FORMS ARE AVAILABLE FOR REVIEW.	PARENT/GUARDIAN INITIALS
B	WHEN MY CHILD IS ILL, I UNDERSTAND AND AGREE THAT S/HE MAY NOT BE ACCEPTED FOR CARE OR REMAIN IN CARE.	PARENT/GUARDIAN INITIALS
C	I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR FIELD TRIPS/EXCURSIONS. I UNDERSTAND I WILL BE NOTIFIED IN ADVANCE WHEN THEY ARE PLANNED.	PARENT/GUARDIAN INITIALS
D	I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR THE FACILITY TO TRANSPORT MY CHILD.	PARENT/GUARDIAN INITIALS
E	I HAVE BEEN NOTIFIED THAT I MAY REQUEST NOTICE AT INITIAL ENROLLMENT OR ANY TIME THERE AFTER WHETHER THERE ARE CHILDREN CURRENTLY ENROLLED IN OR ATTENDING THE FACILITY FOR WHOM AN IMMUNIZATION EXEMPTION HAS BEEN FILED.	PARENT/GUARDIAN INITIALS
HEALTH REPORT FOR SCHOOL-AGE CHILD CHILD'S HEALTH HISTORY AND CURRENT HEALTH PROBLEMS		
<input type="checkbox"/> MY CHILD IS IN GOOD HEALTH, IS ABLE TO PARTICIPATE IN GROUP CARE, HAS NO SPECIAL HEALTH OR MEDICAL REQUIREMENTS.		
<input type="checkbox"/> MY CHILD IS ABLE TO PARTICIPATE IN GROUP CARE BUT HAS SPECIAL HEALTH OR MEDICAL REQUIREMENTS AS LISTED BELOW.		
ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS		
ANY SPECIAL MEDICATIONS AND/ OR RESTRICTIONS		
PARENT/GUARDIAN SIGNATURE		DATE
FORM TO BE RETAINED FOR ONE YEAR AFTER DISCHARGE. FILING: FILE FORM IN CHILD'S INDIVIDUAL RECORD.		