

Application for PRESCHOOL

School Year 2018-2019

New Student



KIRK O' THE VALLEY

~ A SCHOOL COMMUNITY SINCE 1961 ~

▶ STUDENT _____ Male Female Date of Birth _____

Place of Birth _____

▶ PARENT/GUARDIAN 1 _____ SSN _____

Occupation _____ Employer _____

Home # (____) _____ Work # (____) _____ Cell # (____) _____

Email address _____

▶ PARENT/GUARDIAN 2 _____ SSN _____

Occupation _____ Employer _____

Home # (____) _____ Work # (____) _____ Cell # (____) _____

Email address _____

MAILING ADDRESS: Street _____

City _____ Zip Code _____

Please indicate if parents have different addresses

The school year begins Monday, August 27, 2018 and ends Thursday, June 13, 2019.

MONTHLY TUITION

2 DAYS	9:00AM - 1:00PM	\$420	<input type="checkbox"/>	FULL DAY	7:00AM - 6:00PM	\$590	<input type="checkbox"/>
3 DAYS	9:00AM - 1:00PM	\$570	<input type="checkbox"/>	FULL DAY	7:00AM - 6:00PM	\$745	<input type="checkbox"/>
4 DAYS	9:00AM - 1:00PM	\$725	<input type="checkbox"/>	FULL DAY	7:00AM - 6:00PM	\$895	<input type="checkbox"/>
5 DAYS	9:00AM - 1:00PM	\$875	<input type="checkbox"/>	FULL DAY	7:00AM - 6:00PM	\$1025	<input type="checkbox"/>

Extended hours are available from 7:00am-9:00am and from 1:00pm-6:00pm at \$7.00 per hour

REGISTRATION & MATERIALS FEE: \$250.00 (non-refundable) - Includes Classroom consumables, Cooking fee, Yearbook, and Assemblies.

Parents assume responsibility for full payment of winter and spring breaks, and any other legal holiday. Childcare is provided during these breaks at an additional cost.

Parent's Signature _____

Date: _____ →

For New Students

In order for us to become acquainted with you and your child, we would appreciate if you would take a few moments to answer **ALL** of the questions as completely as possible.

1. How did you hear about Kirk O' The Valley School? _____

2. What other school(s) did you review? _____

3. What influenced your decision to apply to Kirk O' The Valley? _____

4. Has your child ever been involved with a playgroup or preschool? _____ Name of school and date of attendance _____
Please describe the experience _____
5. Child's favorite activities, likes, dislikes, fears, etc. _____

6. What language is spoken at home? _____
7. Describe the general temperament of your child (outgoing, shy, etc.) _____

8. What are your child's food likes or dislikes? _____
9. Does your child have allergies? _____
10. Has your child had any health concerns, major illness or injuries? _____

11. Was your child premature? If yes, how many months _____
12. Are there any recent major family changes? _____
13. In what way can we help your child this year? _____

14. Is your child potty trained? _____
15. Please list the names and ages of the child's siblings _____
