

# HILLCREST WEEKDAY PRESCHOOL

8801 NALL AVENUE  
PRAIRIE VILLAGE, KS 66207  
913.901.2317  
GGORDON@HILLCRESTCOV.ORG



## CHILD'S INFORMATION

Child's First and Last Name

Birthdate

Current Age

Home Address

Is English the child's first language? Yes or No

If not, what is the first language?

### FAMILY INFORMATION

MARRIED DIVORCED REMARRIED SEPARATED SINGLE WIDOW

THE CHILD APPLYING LIVES WITH : FATHER/GUARDIAN MOTHER/GUARDIAN BOTH OTHER  
IF PARENTS ARE DIVORCED OR SEPARATED, TO WHOM SHOULD CORRESPONDENCE BE SENT?  
FATHER/GUARDIAN MOTHER/GUARDIAN BOTH OTHER

Father/Guardian

Email

Phone Number

Home Address

Mother/Guardian

Email

Phone Number

Home Address

I would like my child's name, parents' name, home phone number, and email included in the school directory to be distributed to parents in my child's class. Yes or No

Student may be filmed, videotaped, or photographed by Hillcrest Covenant employee or contract service professional. I understand that my admission to Hillcrest Covenant Weekday Preschool has permission for use of my student's image by Hillcrest Covenant.

Initials Required \_\_\_\_\_

How did you hear about Hillcrest Covenant Weekday Preschool? \_\_\_\_\_

Do you attend Hillcrest Covenant Church? Yes or No

If not, are you a part of any religious affiliation? Yes or No

If yes, where do you attend?

Application Packet  
Hillcrest Covenant Weekday Preschool  
8801 Nall Ave Prairie Village, KS 66207  
913-901-2317

### **About Us**

Hillcrest Covenant Church is an Evangelical Covenant church that exists to pursue new life together in Jesus. Hillcrest Covenant Weekday Preschool is a school designed to provide an excellent Christian education. All our staff members are Christians, have experience in education, and are regularly trained in updated teaching methods. It is the goal of all our staff to help develop basic skills of children through exploration, imagination, and creativity in a safe, secure, and friendly environment.

### **Our Philosophy**

We believe parents are responsible for the education of their young children. The purpose of Hillcrest Weekday Preschool is to assist families who desire to fulfill their responsibility in providing a Christ-centered education for their children. Christian education provides the opportunity for each student to develop spiritually, morally, intellectually, physically, and socially to the highest degree of which he or she is capable according to his or her unique potential given by God. We will do our absolute best to partner with you, the parents, to nurture and bring out each child's potential and create a solid foundation for future years of education.

### **Curriculum**

The curriculum at Hillcrest Weekday Preschool utilizes a variety of learning methods to help students grasp basic concepts of reading, writing, math and science. We follow Kansas State Standards for preschool to ensure the transition into kindergarten is successful. In addition, The Bible is taught as a core subject.

### **Enrollment Process**

Families wishing to register their child for enrollment in Hillcrest Weekday Preschool must complete the following criteria:

Submit application packet.

Submit a 65.00 nonrefundable registration fee and a 35.00 nonrefundable activity fee.

Submit current immunizations for the child and additional state paperwork included in the enrollment packet.

**If a reduction of a child's original enrollment schedule is requested by a parent/guardian a 100.00 penalty fee will be applied.**

Prospective students will be placed on a waiting list until all the above steps have been completed. Placement of prospective students is on a "first-come first-serve" basis and priority will be given to those who have completed all the above criteria.

We strive to place your child in the appropriate class and schedule. If for some reason a class does not meet the minimum number of children enrolled, the class will be cancelled. Parents will be notified by June 1<sup>st</sup>, 2026.

Before Care (8:00am-9:00am)

Before care is for students ages 2.5 to 6 years of age.

Monthly

1 day	35.00
2 days	70.00
3 days	105.00
4 days	140.00
5 days	175.00

**Two's****Monthly Plan (Due 1<sup>st</sup> of the month) (MWF Options)**

(9:00-12:00pm)

1 Day	95.00
2 Days	190.00
3 Days	285.00

**Two's****Monthly Plan (Due 1<sup>st</sup> of the month) (MWF Options)**

(9:00-3:00)

1 Day	169.00
2 Days	338.00
3 Days	507.00

The Two's program: your child will develop meaningful relationships with a focus on learning to follow instructions, recognizing emotions, problem solving, developing vocabulary, creating independence, and learning how to be a friend. Your child does not have to be potty trained, but we ask that you bring a diaper bag with extra clothes, diapers, and a water bottle. Children who stay until 3:00 will bring a sack lunch, and two blankets for rest time.

Schedule options for Two-year-old's:

Your child has the option to attend 1-3 days a week.

Two schedule options are available for regular preschool program with half and full day options a week.

Half-day Programs: 9:00 am-12:00 pm. This is our basic program with the description listed above.

Full day Programs: 9:00 am-3:00 pm. This option continues the instruction presented during the regular half-day program with extended time for social emotional development. Full-day programs also include a lunch break (lunch from home) and nap time.

<b><u>Three's</u></b>	<b><u>Monthly Plan</u></b>
9:00-12:00	
(Child must be 3 by September 1 <sup>st</sup> )	
Tuesday/Thursday	190.00
Monday/Wednesday/Friday	285.00
Monday-Friday	475.00

<b><u>Three's</u></b>	<b><u>Monthly Plan</u></b>
9:00-3:00pm	
(Child must be 3 by September 1 <sup>st</sup> )	
Tuesday/Thursday	338.00
Monday/Wednesday/Friday	507.00
Monday-Friday	845.00

The Three's program focuses on basic reading, writing, and math skills, while incorporating fine and gross motor skills, art, and social/emotional development. Your child will also be developing meaningful relationships, learning how to follow instructions, recognizing emotions, problem solving, developing vocabulary, creating independence, and learning how to be a friend.

#### Schedule options for Three's

Your child has the option to attend 2 days(T/TH), 3 days (MWF), or 5 days (M-F). Two schedule options are available for regular preschool programs with half and full day options a week.

Half-day Programs: 9:00 am-12:00 pm. This is our basic program with the description listed above.

Full-day Programs: 9:00 am-3:00 pm. This option continues the instruction presented during the regular half-day program with extended time for social emotional development. Full-day programs also include a lunch break (lunch from home) and quiet time.

<b>4's and Pre-K</b>	<b>Monthly Plan</b>
9:00-12:00	
Monday/Wednesday/Friday	285.00
Monday-Friday	475.00

<b>4's and Pre-K</b>	<b>Monthly Plan</b>
9:00-3:00pm	
Monday/Wednesday/Friday	507.00
Monday-Friday	845.00

The Four's and Pre-K program focuses on academics and Kansas State Standards. Students are taught necessary skills to transition into kindergarten. Students develop their social, emotional, and academic skills including math, reading and fine and gross motor skills. Students experience music and movement and on-site field trips.

**Schedule options for Four's and Pre-K:**

Your child has the option to attend 3 days (MWF), or 5 days (M-F). Two schedule options are available for regular preschool programs with half and full day options a week.

**Half-day Programs:** 9:00 am-12:00 pm. This is our basic program with the description listed above.

**Full-day Programs:** 9:00 am-3:00 pm. This option continues the instruction presented during the regular half-day program with extended time for social emotional development. Full-day programs also include a lunch break (lunch from home) and quiet time.

### **Financial Policies & Tuition Contract**

**Payments:** Preschool tuition is based on an annual school schedule, September through May, in accordance with the published Hillcrest Covenant Weekday Preschool Calendar. Tuition is not prorated for months in which there are school closures for teacher workdays, holidays, or other published closures. In addition, tuition will not be prorated for inclement weather or family vacations.

A non-refundable annual registration fee of 65.00 is due at the time of registration for each student enrolling. This fee is used to cover processing your child's enrollment in HC Weekday Preschool and is required of new and returning students. All students must also pay a 35.00 activity fee at the time of registration. This fee is non-refundable.

Each class will be asked to donate supplies. A list will be emailed in August.

Tuition payments are due on the 1st of the month.

Parents wanting to pay tuition annually or by semester may submit payments on the first day of school and the first day returning from Christmas break.

All cash, check and/ or money order payments can be submitted to Hillcrest Covenant Weekday Preschool office.

A returned check fee of 25.00 will be assessed for all payments returned from the bank.

Once your child is accepted into the program, we will request the last month's non-refundable tuition payment that will be applied to May 2027 to be paid in advance and received in our office by Monday, May 4, 2026. Your spot will be given to someone on our wait list if we do not receive your final month's May payment by May 4, 2026. (An email reminder will be sent with reminder prior to this action.)

### **Withdrawal Information and Refund Policy**

Once the enrollment process is completed (forms and fees are submitted) a written notice is required 30 days in advance of intention to withdraw a child from school. If 30 days' notice is not given, the responsible party will be charged for thirty days following the date of the child's withdrawal regardless of attendance on those days.

### **Other Information**

Children in our 3's, 4's and Pre-K programs must be toilet trained before beginning the program.

## Non-Discrimination Policy

No child is denied admittance to Hillcrest Covenant Weekday Preschool programs based on race, color, religion, national origin, ancestry, physical handicap, or sex in accordance with Kansas State Laws.

## Emergency Information

In the event of an emergency or if your child needs to be picked up from school, Hillcrest Covenant Preschool will contact one of the following people based on the order in which they are listed. (This list includes people authorized to pick up and drop off your child other than parents/guardians).

Name	Relationship	Address	Phone	Alternate Phone

## Student Health Form

This information will enable us to be aware of any health-related concerns or emergencies that may arise. This information is kept confidential in your child's cumulative health folder for professional use only.

## **Medical Treatment Release**

In the event of an emergency and I am unavailable, I authorize school personnel to decide for my child to receive medical care, including required transportation in an ambulance to the nearest hospital or treatment facility. I authorize the physician and/or dentist named below to undertake such care as is considered necessary. In the event said physician is unavailable, I authorize all such treatment to be performed by a licensed physician and surgeon. I agree to pay all costs incurred.

## Medical Service Information

**Physician** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Dentist** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

### Hospital Preference \_\_\_\_\_

## General Medical Information

**Current medication taken**

### Does your child:

### Wear Glasses? Yes or No

Have or carry an Epi pen? Yes or No

Have hearing loss? Yes or No

Use hearing aids? Yes or No

Have a history of: Asthma

## Diabetes

## Epilepsy

## Heart Condition

## Child's Allergies

Please mark the class and days you are enrolling.

2's	M	W	F	Half Day	Full Day	
3's	MWF	T/TH	M-F	Half Day	Full Day	
4's	MWF	M-F		Half Day	Full Day	
PreK	MWF	M-F		Half Day	Full Day	
Morning Care		M	T	W	TH	F

Monthly Tuition \_\_\_\_\_

## Medical Record: Child Health Assessment

The Child Health Assessment form is to be completed and signed by a nurse approved to perform health assessments, a licensed physician, or physician's assistant (PA). The health assessment shall be conducted not more than 12 months before and no later than 60 calendar days after enrollment at the child care facility.

A Child Health Assessment, recorded on a KDHE Form or other acceptable Forms mentioned below, is required for all children including children of the provider or staff in Family Child Care Homes, Child Care Centers, and Preschools. A Kan-Be-Healthy Assessment Form is a KDHE Form and is acceptable, a Physician Health Assessment Form is acceptable, and a School Health Assessment Form is acceptable for school-age children or youth.

<b>Child's Name</b>		<b>Date of Birth</b>	
First	Last		
Health history and medical information pertinent to routine child care and emergencies (describe, if any): <input type="checkbox"/> None			Do you see this child for regular health supervision: <input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies to food or medicine (describe, if any): <input type="checkbox"/> None			
List current medications (if any): <input type="checkbox"/> None			
Length/Height: IN/CM    %ILE		Weight: LB/KG    %ILE	
Physical Examination		<input checked="" type="checkbox"/> If Normal	If Abnormal - Comments
Head/Ears/Eyes/Nose/Throat			
Teeth			
Cardio/Respiratory			
Abdomen/GI			
Genitalia/Breasts			
Extremities/Joints/Back/Chest			
Skin/Lymph Nodes			
Neurologic & Developmental			
Screening Tests		Screening Date	Note Here if Results are Pending or Abnormal
Lead			
Anemia (HGB/HCT)			
Urinalysis (UA)			
Hearing			
Vision			
Health Problems or Special Needs, Recommended Treatment/Medications/Special Care (Attach additional pages if necessary)			
<input type="checkbox"/> None			
Signature of Licensed Physician or Nurse approved for Child Health Assessment			Date
Print the Name of the Individual Signing Above			Phone Number
Address		City	Zip Code

## Medical Record Medical History

In accordance with K.A.R. 28-4-117 and K.A.R. 28-4-430, a completed medical record shall be on file for all children in care. For a Family Child Care Home, children under 10 years of age and all children living in the home under 16 years of age, a medical record shall be completed. The Medical Record shall include a Medical History including current Immunizations and a Child Health Assessment. The Medical Record is transferable when the child moves to another licensed child care facility.

Child's First Day in Child Care \_\_\_\_\_

Name of Child Care Facility \_\_\_\_\_

Child's Name \_\_\_\_\_  
First \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
MM/DD/YYYY M/F

### Parent/Guardian Information

Name \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home/Cell Phone Number \_\_\_\_\_

Home/Cell Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Best way to contact \_\_\_\_\_

Best way to contact \_\_\_\_\_

### Persons authorized to pick up the child or to notify in case of emergency (other than the parents):

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Hospital Preference (for emergencies): \_\_\_\_\_

Known allergies or medical conditions: \_\_\_\_\_

Major changes at home that  
might affect your child in care: \_\_\_\_\_

Additional information or special  
instructions that will help the  
person caring for your child: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Date of annual review: \_\_\_\_\_ Parent/Guardian Initials: \_\_\_\_\_ Provider Initials: \_\_\_\_\_

Date of annual review: \_\_\_\_\_ Parent/Guardian Initials: \_\_\_\_\_ Provider Initials: \_\_\_\_\_

Date of annual review: \_\_\_\_\_ Parent/Guardian Initials: \_\_\_\_\_ Provider Initials: \_\_\_\_\_

Date of annual review: \_\_\_\_\_ Parent/Guardian Initials: \_\_\_\_\_ Provider Initials: \_\_\_\_\_

# Medical Record:

## Medical History Cont. - Immunizations

Required for all children in child care facilities, including the provider's own children. A Kansas Certificate of Immunizations (KCI) may be substituted for this form and attached to the completed Medical Record.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First \_\_\_\_\_ Last \_\_\_\_\_ MM/DD/YYYY

**Section I.** For a recommended schedule of immunizations, refer to the current schedule published by the Advisory Committee on Immunization Practices (ACIP).

Vaccine	Record the Month, Day and Year that each Dose of Vaccine was Received					
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>
Diphtheria, Tetanus, Pertussis (DTaP)						
Poliomyelitis (IPV/OPV)						
Measles, Mumps, Rubella (MMR)						
Hepatitis B (HepB)						
Varicella (VAR)						
Hemophilus Influenzae Type B (Hib)						
Pneumococcal Conjugate (PCV)						
Hepatitis A (HepA)						
Rotavirus						
*Recommended <8 mo.; not required						
Influenza (Flu)						
*Recommended annually >6 mo.; not required						

## Section II.

Complete this section only if your child is exempted from the law requiring immunizations [K.S.A. 65-508(g)].

The following two options are the ONLY exemptions allowed by law. Please check either (A) or (B) below and complete as required:

(A) Certification from licensed physician stating that immunization would endanger child's life:

Exempt from following immunizations:

DTaP/DT  Tdap/TD  Pertussis Only  Polio  MMR  Hep A  Hep B  
 Hib  PCV  Varicella  Other (describe): \_\_\_\_\_

Physician's Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

(B) My child is exempt under the law from immunizations. As the Parent or Legal Guardian, I state that I am an adherent of a religious denomination whose teachings are opposed to immunizations.

## Section III.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Authorization for Emergency Medical Care

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4-582(e)(2).

Name of facility exactly as stated on the license	License #

I authorize \_\_\_\_\_ (caregiver/staff) who  
is/are representative(s) of the above-named facility to give consent for any and all necessary emergency medical  
care for my child or youth \_\_\_\_\_ (child's first and last name) while  
child or youth is in the facility's custody between \_\_\_\_\_ and \_\_\_\_\_.  
MM/DD/YYYY MM/DD/YYYY

List any known allergies or other information about the medical conditions of this child or youth pertinent in case of  
emergency:

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Signature of Parent or Guardian	Date Signed

The Medical Record/Assessment Form (Or Health Status History form for School Age Programs) and the authorization for Emergency Medical Care must be taken to the emergency room. Both forms must also be in a vehicle when the child or youth is off premised from the facility.

# 2026/27 Academic Calendar

September 2026						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October 2026						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November 2026						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December 2026						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

January 2027						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

February 2027						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

March 2027						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April 2027						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

May 2027						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

June 2027						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

July 2027						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

August 2027						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Sep 3, 2026 Meet the Teacher  
 Sep 8, 2026 First Day of School  
 Oct 15 & 16 No School; Conferences  
 Oct 26,28,29,30 Fall Parties  
 Dec 16, 2026 Christmas Concert

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Dec 11,14,15,16 Christmas Parties  
 Dec 16, 2026 Dismiss at 12:00  
 Dec 17-Jan1 Christmas Break No School  
 Jan 18, 2027 MLK Jr Day No School  
 February 4 & 5 No School; Conferences

Feb 15, 2027 No School Presidents Day  
 Feb 8,10,11,12 Valentines Parties  
 March 12-19 No School Spring Break  
 May 14 Last Day Dismiss at 12:00

Data provided 'as is' without warranty