



• 9333 WEST 159TH STREET • OVERLAND PARK, KANSAS 66221 •913-681-7622•
•HCAPRESCHOOL.ORG•

Application Submitted: _____

Please indicate the program you are applying for:

K3 Program– students must be three by August 31st

- K3 - T/TH K3 – MWF
 K3 – T/TH +Tuesday Extended Day K3 – MWF + Wednesday Extended Day

JrK Program – students must be four by August 31st

- JrK – M-TH/AM 8:30 AM - 11:30 AM JrK + Tuesday & Wednesday Extended Day
 JrK – M-TH/PM 12:00 PM - 3:00 PM JrK + Tuesday Extended Day
 JrK + Wednesday Extended Day

Child's Name: _____ **Nickname:** _____ **Sex:** ___ **Birth Date:** _____

Address: _____

City: _____ **Zip:** _____ **Home Phone:** (____) _____

Home Email Address: _____

Mother's Name: _____ **Cell Phone** (____) _____

Occupation: _____ **Business Phone** (____) _____

Email Address: _____

Father's Name: _____ **Cell Phone** (____) _____

Occupation: _____ **Business Phone** (____) _____

Email Address: _____

I understand I must pay a non-refundable \$75 registration fee at the time I submit:

- Application
- Family Profile & Release Form
- Statement of Faith
- Parent Agreement

I understand tuition for September is withdrawn on August 9th in order to retain my child's enrollment.

I understand all forms are due in the preschool office no later than August 1, 2016.

- Medical Record Form – Must have doctor's signature and immunization record
- Authorization for Emergency Medical Care Form – Must be notarized
- Parental Permission Form

Parent Signature: _____ **Date:** _____