

**HILAND PRESCHOOL
APPLICATION FOR REGISTRATION**

www.hilandpreschool.com
845 Perry Highway
Pittsburgh, PA 15229
412-367-3566

Office Use ONLY
Registration Fee _____
Date Received _____
Check Date _____
Check # _____
Check Amount \$ _____
Notes _____
Class _____

2 Year-Old Mommy and Me Program

Monday Mornings from 10:00-11:30am Attending Adult _____

(An adult must attend and actively participate with the child. NO siblings please.)

3 Year-Old Preschool Program

Morning Class (Tues, Wed, Thur 9:15-11:15am) _____ Afternoon Class (Tues, Thur 12:30-2:30pm) _____

(Please indicate a number 1 next to your first choice and a number 2 next to your second choice.)

4 Year-Old Preschool Program

Morning Class (Mon, Tues, Wed, Thur 9-11:30am) _____ Afternoon Class (Tues, Wed, Thur 12:30-3pm) _____

(Please indicate a number 1 next to your first choice and a number 2 next to your second choice.)

Child's Name _____ Nickname _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Gender _____ Birthdate _____

(The cut-off date for age is September 1st according to home school district policy)

Mother's Name _____ Cell Phone _____

Same home address as child? Y N Email address _____

Home address if different from child's _____

City _____ State _____ Zip _____ Home Phone _____

Name of Employer _____ Business Phone _____

Father's Name _____ Cell Phone _____

Same home address as child? Y N Email address _____

Home address if different from child's _____

City _____ State _____ Zip _____ Home Phone _____

Name of Employer _____ Business Phone _____

Does this child have any physical or learning disabilities? Y N If so, please explain: _____

Names and Ages of Siblings: _____

How did you hear about Hiland Preschool? _____

Are you a Hiland Church Member? Y N

Is this child enrolled in Hiland Daycare? Y N

Are you a Hiland Preschool Board Member? Y N

Are you in need of Financial Aid? Y N

Will you have two or more children enrolled in Hiland Preschool this school year? Y N

Are you an employee of Hiland Preschool or Church? Y N

If Yes, your name _____

NOTE: A non-refundable \$45 registration fee must accompany this registration application to hold a place for your child in one of our program options.