

**HILAND PRESCHOOL**  
**APPLICATION FOR REGISTRATION**

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

<b>Office Use ONLY</b>
Registration Fee _____
Date Received _____
Check Date _____
Check # _____
Check Amount \$ _____
Notes _____
Class _____

School Year 20\_\_-20\_\_

2 Year-Old Mommy and Me Program

Monday Mornings 9:00-10:00am \_\_\_\_\_ Monday Mornings 10:30-11:30am \_\_\_\_\_

(Please indicate a number 1 next to your first choice and a number 2 next to your second choice. Class time subject to change based on enrollment.)

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 9:00-11:30am) \_\_\_\_\_ Afternoon Class (Tues, Wed, Thur 12:30-3:00pm) \_\_\_\_\_

(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 1<sup>st</sup> according to North Hills school district policy.)

-----  
Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Same home address as child? Y N Email address \_\_\_\_\_

Home address if different from child's \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

-----  
Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Same home address as child? Y N Email address \_\_\_\_\_

Home address if different from child's \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

What are the ages of other siblings in your household? \_\_\_\_\_

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 an employee of Hiland Preschool or Church? 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

-----  
**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.**

**Your check will not be cashed unless we have a spot for your child.**

**Your child is NOT enrolled without a confirmation letter from Hiland Preschool.**