

**APPLE HILL ACADEMY**  
16290 PIERSIDE LANE  
WILDWOOD, MISSOURI 63040  
(636) 458-4323  
www.applehillacademy.com

**KIDS' DAY OUT APPLICATION**  
**2012-2013 SCHOOL YEAR**  
*Gifted Education For Every Preschooler*

**Application Fee: \$120 per Student**

APPLICATION DATE \_\_\_\_\_  
*All spaces must be filled in with complete information.*

TOUR DATE - NEW FAMILIES ONLY \_\_\_\_\_



CHILD'S NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_  
LAST FIRST NICKNAME-Preferred Name  
EMAIL ADDRESS \_\_\_\_\_  
CELL PHONE (\_\_\_\_) \_\_\_\_\_

CHILD'S ADDRESS \_\_\_\_\_  
STREET CITY ZIP CODE SUBDIVISION

AGE ON 7/30/12 \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ RELIGIOUS PREFERENCE \_\_\_\_\_ SEX: M F  
OPTIONAL

**DATE WHICH YOUR CHILD WILL BEGIN KIDS' DAY OUT**, *if other than the first week of the school year:* \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year  
Kids' Day Out offers **Open Enrollment** allowing children to begin school immediately following their second birthday.  
Note that the tuition payment and enrollment fee are pro-rated accordingly.

**CLASS REQUESTED:**  
*Enrollment fluctuates, with new students joining after their second birthday*

KIDS' DAY OUT  FRIDAY 9:15-12:00 \_\_\_\_\_   
(Help us to plan ☺) If additional Kids' Day Out classes are added, I would like this/these day/s \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_  
CELL PHONE (\_\_\_\_) \_\_\_\_\_

MOTHER'S PROFESSION \_\_\_\_\_ PLACE OF BUSINESS \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_

FATHER'S NAME  \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_  
CELL PHONE (\_\_\_\_) \_\_\_\_\_

FATHER'S PROFESSION \_\_\_\_\_ PLACE OF BUSINESS \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_

LIST NAMES AND AGES OF SIBLINGS \_\_\_\_\_

LIST TWO PERSONS, OTHER THAN PARENTS, ALLOWED TO PICK-UP YOUR CHILD *IF YOUR CHILD IS ILL OR INJURED - State requires*

1. \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ RELATION TO CHILD \_\_\_\_\_

2. \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ RELATION TO CHILD \_\_\_\_\_

DOCTOR \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ DENTIST \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

**ALLERGIES:** YES NO LIST IF "YES" \_\_\_\_\_  
*If "yes", an informational sheet will be sent home regarding the required written physician's explanation and care guidelines.*

**FOOD RESTRICTIONS:** YES NO LIST IF "YES" \_\_\_\_\_

MEDICATIONS TAKEN AT HOME - *School does not administer* \_\_\_\_\_

PREVIOUS SCHOOL EXPERIENCE \_\_\_\_\_

OTHER GROUP EXPERIENCE \_\_\_\_\_

ELEMENTARY SCHOOL CHILD WILL ATTEND \_\_\_\_\_

FAVORITE ACTIVITIES \_\_\_\_\_ 

FAVORITE BOOKS  \_\_\_\_\_

FAVORITE ANIMALS \_\_\_\_\_

DO GRANDPARENTS LIVE IN TOWN?  \_\_\_\_\_

DOES YOUR CHILD USE THE BATHROOM INDEPENDENTLY? \_\_\_\_\_  
*This is NOT required for KIDS' DAY OUT or the TWO TO THREE YEAR OLD PRESCHOOL CLASSES ©*

WHAT CAN APPLE HILL ACADEMY PROVIDE FOR YOUR CHILD? \_\_\_\_\_


\_\_\_\_\_

ADDITIONAL INFORMATION YOU MAY WISH TO TELL US ABOUT YOUR CHILD \_\_\_\_\_

\_\_\_\_\_ 

NEW STUDENTS: WHY DO YOU WISH FOR YOUR CHILD TO ATTEND APPLE HILL ACADEMY? \_\_\_\_\_

\_\_\_\_\_

NEW FAMILIES: HOW DID YOU LEARN ABOUT APPLE HILL ACADEMY?  \_\_\_\_\_

\_\_\_\_\_

PERSON/S TO PICK-UP YOUR CHILD AFTER SCHOOL \_\_\_\_\_

MAKE AND COLOR OF VEHICLE USED TO PICK-UP CHILD \_\_\_\_\_ LICENSE PLATE \_\_\_\_\_  
*Primary pick-up vehicle* *Primary vehicle*



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SIGNATURE OF PARENT OR GUARDIAN

DATE

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Apple Hill Academy admits students of any race, color, national, and ethnic origin to all the rights, privileges, programs, and activities accorded or made available at the school.  
\* \* \* \* \*

**ACADEMY USE**

DATE \_\_\_\_\_ TOUR: Y N REGISTRATION FEE: Y N S R L T ACCEPTANCE LETTER: Y N \_\_\_\_\_

CLASS ASSIGNED \_\_\_\_\_ WAIT LISTS/DATES/FEEES \_\_\_\_\_ TUITION W/ SIBLING DISCOUNT \$ \_\_\_\_\_

VEHICLE ID NUMBER \_\_\_\_\_ CAR POOL DRIVERS \_\_\_\_\_ CARD/S \_\_\_\_\_ M T W T F