

# Eagle Heights Christian School

5600 N Brighton Ave. | Kansas City, MO 64119

## Preschool Application Form

**Please return this form along with the following:**

\_\_\_ Enrollment Fee (before 4/7 \$125; after 4/7 \$250.00)

\_\_\_ Copy of Student's Immunization Records

\_\_\_\_\_  
Child's Name (Last, First, Middle, Nickname)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Address (Street, City, State, Zip Code)

**In which program would you like to enroll your child?**

\_\_\_ **K3 Program** – For 3 year olds and young 4 year olds | Must be 3 before August 1 | Must be toilet trained

\_\_\_ **K4 Program** – For 4 year olds and young 5 year olds | Must be 4 before August 1

### Identifying Information

\_\_\_\_\_  
Father's Name (Last, First)

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

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

\_\_\_\_\_  
Address (Street, City, State, Zip Code)

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

\_\_\_\_\_  
Employed By

\_\_\_\_\_  
Hours of Employment

\_\_\_\_\_  
Address (Street, City, State, Zip Code)

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

\_\_\_\_\_  
Mother's Name (Last, First)

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

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

\_\_\_\_\_  
Address (Street, City, State, Zip Code)

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

\_\_\_\_\_  
Employed By

\_\_\_\_\_  
Hours of Employment

\_\_\_\_\_  
Address (Street, City, State, Zip Code)

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

### Emergency Contact (Other than Parents or Doctor)

\_\_\_\_\_  
Name (Last, First)

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

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

\_\_\_\_\_  
Address (Street, City, State, Zip Code)

\_\_\_\_\_  
Relationship to Child

### Authorized Persons to Pick Up Child Other Than Parent

\_\_\_\_\_  
Name (Last, First)

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

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Name (Last, First)

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

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Name (Last, First)

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

\_\_\_\_\_  
Relationship to Child

# Eagle Heights Christian School

5600 N Brighton Ave. | Kansas City, MO 64119

## Sibling Information

---

Name (Last, First)	Gender	Age	Lives with Applicant Child
--------------------	--------	-----	----------------------------

---

Name (Last, First)	Gender	Age	Lives with Applicant Child
--------------------	--------	-----	----------------------------

---

Name (Last, First)	Gender	Age	Lives with Applicant Child
--------------------	--------	-----	----------------------------

---

Name (Last, First)	Gender	Age	Lives with Applicant Child
--------------------	--------	-----	----------------------------

### Please Check All That Apply for Your Child:

<input type="checkbox"/> Lives with both Parents	<input type="checkbox"/> Parents are Divorced	<input type="checkbox"/> Mother Deceased
<input type="checkbox"/> Lives with Mother	<input type="checkbox"/> Parents are Separated	<input type="checkbox"/> Father Deceased
<input type="checkbox"/> Lives with Father	<input type="checkbox"/> Lives with Guardian(s)	<input type="checkbox"/> Other – Indicate Below

Describe any unusual custody situations: \_\_\_\_\_

Has your child been diagnosed with any of the following?

ADD     ADHD     LD     BD     Depression

Please describe any special health or learning needs your child has (i.e. allergies): \_\_\_\_\_

## Authorization for Emergency Medical Care

---

Physician to be used in any Emergency	Telephone Number
---------------------------------------	------------------

---

Preferred Hospital to be used in an Emergency	Telephone Number
---	------------------

I understand that in the case of an accident or injury to my child, I will be notified immediately. If my child requires emergency medical care, my preferred physician and hospital will be communicated to emergency personnel.

---

Parent / Legal Guardian Signature	Date
-----------------------------------	------

## Agreement

When my child is ill, I understand and agree that my child may not be accepted for class. Our Sickness Policy states, "If either a temperature or vomiting occurs within 24 hours of school, your child is **not allowed to come to school.**" We ask that your child be free of both for a 24 hour period.

---

Parent / Legal Guardian Signature	Date
-----------------------------------	------

---

Parent / Legal Guardian Signature	Date
-----------------------------------	------