

# EAGLE HEIGHTS

## Preschool & Kindergarten

5600 N. Brighton Ave.  
 Kansas City, MO 64119  
 (816) 454-7410

|  |               |                    |
|--|---------------|--------------------|
| Child's Name (Last, First, Middle, Nickname) | Date of Birth | Sex<br><br>__M __F |
| Address (Street, City, State, Zip Code)      |               |                    |

In which program(s) would you like to enroll your child? Please check all that apply

**Preschool Program** Tuesday/Thursday 8:00 a.m.—11:00 a.m.

For 3 (must be potty trained) and young 4 year olds. Must be 3 by August 1st

**Pre-Kindergarten (K4) Program** Monday/Wednesday/Friday 8:00 a.m.—11:00 a.m.

For 4 and young 5 year olds. Must be 4 by August 1st

**Kindergarten (K5) Program** Monday-Friday 11:30 a.m.—3:00 p.m.

For 5 year olds. Must be 5 by August 1st

**Flexible Care available 7:00 a.m.—6:00 p.m.**

Please indicate what days and times you would want usually want care. The cost is \$4.00/hr payable in quarter-hour increments. Flexible Care will not be billed, but is due each Friday. (Price is discounted for those who are using 5 day/week.

Monday\_\_\_ Tuesday\_\_\_ Wednesday\_\_\_ Thursday\_\_\_ Friday\_\_\_ Only occasionally\_\_\_

### Identifying Information

|                                    |   |                   |
|------------------------------------|---|-------------------|
| <b>Father's Name (Last, First)</b> | Daytime Telephone Number                              | Cell Phone Number |
| Address (Street, City, State, Zip) |   | Email address     |
| Employed by:                       | Hours of Employment<br>From:                      To: |                   |
| <b>Mother's Name (Last, First)</b> | Daytime Telephone Number                              | Cell Phone Number |
| Address (Street, City, State, Zip) |   | Email address     |
| Employed by:                       | Hours of Employment<br>From:                      To: |                   |

**\*Please indicate with an asterisk who is responsible for the bill and the address to which it should be mailed.**

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

|                                    |                          |                       |
|------------------------------------|--------------------------|-----------------------|
| <b>Name (Last, First)</b>          | Daytime Telephone Number | Cell Phone Number     |
| Address (Street, City, State, Zip) |                          | Relationship to Child |

