



EAGLE HEIGHTS  
EARLY CHILDHOOD  
LEARNING CENTER



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

**Application Form**

**Please return this application along with the following: Enrollment Fee of \$50/student; Copy of Student's Birth Certificate AND Copy of Student's Immunization Records**

Child's Name (Last, First, Middle, Nickname)	Date of Birth	Sex ___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 1<sup>st</sup>
- \_\_\_ **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 1<sup>st</sup>
- \_\_\_ **Kindergarten (K5) Program** Monday – Friday 11:30 a.m. – 3:00 p.m.  
For 5 year olds Must be 5 by August 1<sup>st</sup>
- \_\_\_ **Extended Care available 7:00 a.m.—5:30 p.m.**  
*Please indicate what days and times you will want Extended Care. The cost is \$4.00/hr. payable in quarter-hour increments. Extended Care will not be billed, but is due each Friday.*  
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 Code)		E-mail Address
Employed by:	Hours of Employment From: To:	
<b>Mother's Name (Last, First)</b>	Daytime Telephone Number	Cell Phone Number
Address (Street, City, State, Zip Code)		E-mail Address
Employed by:	Hours of Employment 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)**

Name (Last, First)	Daytime Number	Cell Phone Number
Address (Street, City, State, Zip Code)		Relation to Child

**Authorized Persons (Other Than Parents) to Pick Up Child**

Name	Phone Number	Relationship to Child
1.		
2.		
3.		

**Sibling Information**

Name	Relationship to Child	Age	Lives with Applicant Child ___ Yes ___ No
1.			___ Yes ___ No
2.			___ Yes ___ No
3.			___ Yes ___ No
4.			___ Yes ___ No

**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)<br><i>(Documentation required)</i> | <input type="checkbox"/> Other – indicate below |

Describe any unusual or custody situation: \_\_\_\_\_  
 \_\_\_\_\_

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 an 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, the physician and preferred hospital will be the first choice 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 before returning

Parent / Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent / Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_