

Registration Form 2025-2026



Preschool Office Use Only:		<input type="checkbox"/> Tuition Rate: _____
<input type="checkbox"/> Registration Billed on BW	Amount: _____	<input type="checkbox"/> Church / Sibling Discount (10%) Y / N
<input type="checkbox"/> Enrolled in: _____		<input type="checkbox"/> BW Billing Plan set up
		<input type="checkbox"/> Monthly Total (-discounts): \$ _____

PLEASE PRINT

Child's Name:	Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Check any that apply: <input type="checkbox"/> Currently enrolled family <input type="checkbox"/> Alumni family <input type="checkbox"/> Hillside Church Member
Nickname:	Name & Ages of Siblings:		
Primary language spoken at home:	Other Languages spoken:	Is your child toilet trained during the daytime?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PARENT/GUARDIAN INFORMATION:

Please check the box to indicate the primary residence of the child listed above.			
<input type="checkbox"/> PARENT/GUARDIAN #1		<input type="checkbox"/> PARENT/GUARDIAN #2	
Name:		Name:	
Relationship:		Relationship:	
Cell Phone:		Cell Phone:	
Street Address City and Zip Code		Street Address City and Zip Code	
E-mail Address:		E-mail Address:	
Employer Name:		Employer Name:	
Work Phone:		Work Phone:	
Employer Address:		Employer Address:	

EMERGENCY CONTACT:

Persons authorized to pick up your child and/or contact in case of emergency if neither parent is available to assume responsibility for the child.			
	Contact Name	Relationship to Child	Cell Phone
1			
2			
3			

CUSTODY

Name of person PROHIBITED from picking up your child:	
If a non-custodial parent has been denied access, or granted limited access, to the child by a court order, please submit documentation to this effect for the school to maintain a copy on file, and to comply with the terms of the court order.	

PERMISSIONS

I give permission for my child to be videotaped or photographed for classroom purposes and shared via Brightwheel amongst the members of his/her class and school.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for my child to be videotaped or photographed for Hillside Preschool's Facebook page and website. (No names will be used)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for my child's information to be included in his/her class list	<input type="checkbox"/> Yes <input type="checkbox"/> No

BILLING

The non-refundable fee for registration is \$65 PER CHILD/PER CLASS. All registration and tuition will be billed to you via Brightwheel. You may pay Brightwheel statements online, with cash, or by submitting a check made out to Hillside Preschool.	Parent/Guardian Initials:
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TUITION

2 MWF AM	\$255	3 MWF AM	\$255	4 AM	\$335
2 TuTh AM	\$210	3 MWF PM	\$255	4 PM	\$335
2 TuTh PM	\$210	3 TuTh PM	\$255	4 Full Day	\$750

Tuition for the entire school year is divided into 10 equal payments regardless of how many days are attended in the month. Payments are due on the first of the month from August through May. (Note: for our 2's TuTh pm class starting in January, there are 6 payments from December through May) There is no payment due in June. Full payment is required each month, regardless of vacations, illness or other absences. There is a late fee of \$50 per month for payments received after the fifteenth of the month. If tuition is a month overdue, your child will not be permitted to attend school until both the delinquent month and the next month's tuition is received. For returned checks, our bank fee will be added to your account balance. I have read and understand this Hillside Preschool Tuition Agreement.

Parent/
Guardian
Initials:

MEDICAL INFORMATION

Doctor's Name:	
Doctor's Phone:	
Known Allergies:	
Medication my child is taking:	
Does your child require the use of over the counter medications such as Benadryl? (If yes, please explain)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does your child require the use of medication prescribed by a physician, such as an EpiPen or inhaler? (If yes, please explain)	<input type="checkbox"/> No <input type="checkbox"/> Yes
List any special conditions, disabilities, medical/physical restrictions, medical information for emergency situations:	
Does your child receive any special services, such as speech therapy, occupational therapy, behavioral therapy or early intervention? Please explain:	
Hospital Preference:	<input type="checkbox"/> Closest Available <input type="checkbox"/> Other:

EMERGENCY TREATMENT

As the parent(s)/legal guardian(s) of the above named child, I (we) attest that the medical information above is correct. I (we) authorize Hillside Preschool staff to obtain emergency treatment for my child and understand that I (we) shall be promptly notified.

Parent/Guardian Initials:

CLASS CHOICE

Please indicate your first and second choice by writing 1 and 2 in the appropriate boxes
AM Classes meet from 9:00am - 11:25am (unless otherwise indicated). PM classes meet from 12:15pm - 2:40pm.

2 ½ Year-Old Classes:	
Starting September 2025 - (Must be 2 by May 31st)	<input type="checkbox"/> Three day class MWF AM <input type="checkbox"/> Two day class TuTh AM
Starting January 2026 - (Must be 2 by August 31st)	<input type="checkbox"/> Two day class TuTh PM
3 Year-Old Classes: (Must be 3 by October 1st)	
	<input type="checkbox"/> Three day class MWF AM <input type="checkbox"/> Three day class MWF PM <input type="checkbox"/> Two day class TuTh (9:00am - 1:00pm)
4 Year-Old Half Day Classes: (Must be 4 by October 1st)	
	<input type="checkbox"/> Five day class AM <input type="checkbox"/> Five day class PM
4 Year-Old Full Day Class: (Must be 4 by October 1st)	
	<input type="checkbox"/> Five day class (9:00am - 2:40pm)

I have read and I acknowledge that all the information on this form is true. With my signature, I give Hillside Preschool permission to use this information for internal purposes.

Parent/Guardian Signature #1:	Date:	Parent/Guardian Signature #2:	Date: