

HILAND PRESCHOOL
APPLICATION FOR REGISTRATION

www.hilandpreschool.com
845 Perry Highway
Pittsburgh, PA 15229
412-367-3566

Office Use ONLY	
Registration Fee _____	
Date Received	_____
Check Date	_____
Check #	_____
Check Amount \$	_____
Notes	_____
Class	_____

School Year 20__-20__

2 Year-Old Hiland Half Pints (formerly Mommy & Me)

Monday Mornings 9:15-10:15am _____ Monday Mornings 10:30-11:30am _____

(Please indicate a number 1 next to your first choice and a number 2 next to your second choice. Class time subject to change based on enrollment.)

Attending Adult _____ (An adult must attend and actively participate with the child. NO siblings please.)

3 Year-Old Preschool Program

Morning Class (Tues, Wed, Thur 9:15-11:15am) _____ Afternoon Class (Tues, Wed, Thur 12:30-2:30pm) _____

(Please indicate a number 1 next to your first choice and a number 2 next to your second choice.)

4 Year-Old Preschool Program

Morning Class (Mon, Tues, Wed, Thur 9:00-11:30am) _____ Afternoon Class (Mon, Tues, Wed, Thur 12:30-3:00pm) _____

(Please indicate a number 1 next to your first choice and a number 2 next to your second choice.)

Child's Name _____ Nickname _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Gender _____ Birthdate _____
(The cut-off date for age is September 1st according to North Hills school district policy.)

Mother's Name _____ Cell Phone _____ Work Phone _____
Same home address as child? Y N Email address _____
Home address if different from child's _____ City _____ State _____ Zip _____

Father's Name _____ Cell Phone _____ Work Phone _____
Same home address as child? Y N Email address _____
Home address if different from child's _____ City _____ State _____ Zip _____

Who does the child live with? Both parents Mom Dad Other _____
Is there currently a custody dispute going on? No Yes
If yes, please explain _____

Does this child have any physical or learning disabilities? Y N If so, please explain: _____

What are the ages of other siblings in your household? _____
How did you hear about Hiland Preschool? _____
Home School District _____ Elementary School your child will attend _____

Are you a Hiland Church Member? Y N
Are you an employee of Hiland Preschool or Church? Y N
Is this child enrolled in Hiland Daycare? Y N
Are you in need of Financial Aid? Y N
Will you have two or more children enrolled in Hiland Preschool this school year? Y N

**NOTE: A non-refundable \$45 registration fee must accompany this registration application to hold a place for your child in one of our program options.
Your check will not be cashed unless we have a spot for your child.
Your child is NOT enrolled without a confirmation letter from Hiland Preschool.**