

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 with caregiver (must be 2 by August 1st)

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 (must be 3 by August 1st)

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 (must be 4 by August 1st)

Morning Class (Mon, Tues, Wed, Thur 9:00-11:30am) _____ Afternoon Class (Mon, Tues, Wed, Thur 12:15-2:45pm) _____

(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 August 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: _____

Does your child have an IEP or utilize the services of DART? 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 registration fee of \$60 (1st child), \$105 (2 children) or \$135 (3 or more children) must accompany this registration application to hold a place for your child(ren) 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. A registration form must be completed for each child.