



2064 Oxford Street
Houston, Texas 77008
heightspreschool.com
713.880.5437 p
713.880.2064 f

**School Year 2019-20
APPLICATION**

CHILD'S NAME: _____
Last First Middle

ADDRESS: _____
Street City/State Zip

CHILD'S GENDER: _____ DOB: ____/____/____
Month / Day / Year

Parent 1
Name: _____

Parent 2
Name: _____

Occupation: _____

Occupation: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Marital Status: ___ Married ___ Separated ___ Divorced ___ Widower/Widow ___ Single ___ Other

Name	Brothers & Sisters		Class/School
	DOB		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DAYS AND HOURS PREFERRED
WRITE IN TIMES

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____

CHILD'S PHYSICIAN: _____
DR. NAME, PRACTICE & ADDRESS, PHONE NUMBER

Please describe any medical conditions or special needs your child may have (handicaps, allergies, speech delays, etc): _____

Has your child ever been referred for, or received, special services? (i.e.: speech therapy, etc) _____

CHILD'S NAME:

Last

First

Middle

I desire to have my child enrolled in Heights Preschool because: _____

How did you hear about Heights Preschool?

___Web Search ___Driving by ___Heights Kids ___Heights Preschool Family _____

___Other _____

Application Fee: \$100 Nonrefundable

Registration Fee upon Acceptance: \$300 School Year, \$150 Summer

Date: _____

Parent's Signature _____

Date: _____

Parent's Signature _____

NOTICE OF NON-DISCRIMINATORY POLICY AS TO STUDENTS:

Heights Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration or its education policies, admissions policies, and athletic and other school-administered programs.

For Office Use:

Application received: _____

Deposit received: _____

Date accepted: _____

Parent's notified: _____

First Day of School: _____

CHILD'S NAME:

Last

First

Middle

Please list the person(s) who will be allowed to pick up your child from preschool:

Name: _____

Relationship: _____ Tel #: _____

Name: _____

Relationship: _____ Tel #: _____

Name: _____

Relationship: _____ Tel #: _____

Name: _____

Relationship: _____ Tel #: _____

Name: _____

Relationship: _____ Tel #: _____

Please list person(s) to contact in case of emergency (other than parents):

Name: _____

Relationship: _____ Tel #: _____

Name: _____

Relationship: _____ Tel #: _____

Any other information you would like to share?
