Please return completed form to:

Hinton Elementary
Attention: Trista Utech
315 W. Grand
Hinton, IA 51024

Attach *$50 registration fee if registering for 3-year old program or 4-year old wrap around child care.*

Hinton Preschool

Initial Application Form

*Today's date*_____

Registering for the 20 ____ - 20 ____ school year.
_____ Registering for 3 and 4-year-old program
_____ Registering for 4 Year Old Program Only

STUDENT'S INFORMATION

Child's Last Name: _____Child's First Name:_____

Date of Birth:_____ Social Security # :_____ - _____ - _____

Child's Primary Home Address_____

Home Phone Number: (_____) _____ - _____ Contact Number: (_____) _____ - _____

Gender: ☐ Male ☐ Female Age of child:_____

Special Needs/Concerns:_____

SCHEDULE

☐ Preschool & Daycare ☐ 4-year-old Preschool Only (8:15-11:30 a.m.)

PARENT OR GUARDIAN INFORMATION

1. Last Name: _____ First Name:_____
Relationship to child: _____
Address:_____
Employer:_____ Phone #:(____) ____ - _____ Cell#:(____) ____ - _____
E-Mail Address: _____

2. Last Name: _____ First Name:_____
Relationship to child: _____
Address:_____
Employer:_____ Phone #:(____) ____ - _____ Cell#:(____) ____ - _____
E-Mail Address: _____

SIBLINGS

Name Gender Age

_____

_____

_____

OTHER HOUSEHOLD INFORMATION

Parent's Marital Status: ☐ Married ☐ Separated ☐ Divorced ☐ Single ☐ Deceased

Tuition and Fees

Child Care Registration fee: $50.00. (The rates below are the 2026-2027 rates and are subject to change in future years.)

☐ $175 Weekly Rate Full Time (3 and 4 yr olds)

☐ 4-Year-Old Preschool Only 8:15-11:30 (Must be 4 by 9/15) No registration fee needed

☐ Summer Program (check to indicate summer attendance) - rates to be determined

If not attending summer, $50 holding fee

AGREEMENT

By signing below, I acknowledge the following:

1. I have read the Hinton Preschool Handbook and I understand and agree with the policies, procedures and regulationsset forth in the handbook. Specifically, but not limited to, the discipline Policy, Payment Policy and Fee Schedule. Inaddition, in the event of an emergency and the emergency contacts listed above are unable to be reached, I herebyauthorize the Administrator or Director consent to administer emergency treatment on behalf of my child, upon the adviceof the attending physician or dentist.
2. All employee of Hinton Preschool are mandated reporters and are legally obligated to notify Department of Health andHuman Services in the event a situation arises that may questionable.

I, the undersigned, believe the above information to be true and correct to the best of my knowledge. I agree to provide Hinton Preschool with updated information as need while my child is in care.

_____ _____

Signature of Parent/Guardian Date