REGISTRATION
HOPE CHRISTIAN PRESCHOOL

Thank you for choosing Hope Christian Preschool! A registration fee of $40.00 and a completed registration form are required at the time of registration. All other forms must be returned *by the opening day of class*.

It is a state requirement to have your child's immunization record on file *before your child may attend class*.

We assume that when you register your child, it is for the full year, except in unusual cases.

Register for 4 – 5 year olds, 3-hour program:

Mon. / Wed. / Fri. 8:45-11:45 am_____$140/month

Tues/Wed/Thurs. 12:30-3:30 pm_____$140month

Mon.- Friday 8:45-11:45 am _____$220/month

Register for 3 – 4 year olds, 3-hour program:

Monday / Wednesday 8:45-11:45am _____$115/month

Tuesday / Thursday 8:45-11:45 am _____$115/month

Register for 2 1/2 year old, 3-hour program:

Friday 8:45-11:45 am _____$70/month

**Minimum number of children needed to run a session is 7.*

For Preschool Staff Use Only:

Child's name _____ Amount paid _____

Date paid _____ Check No. _____

Registration Form

Child's Information

Legal name_____ Date of birth_____

Name child uses_____ Class: 1-day ___ 2-day___ 3-day___ 5-day___

Home address_____

Home phone number_____

Parent e-mail address_____

Family and Background Information

Mother's name_____

Father's name_____

Parents' marital status: Married_____ Divorced_____ Single_____

Sibling(s) Birthdate(s) Living with child?

_____

_____

_____

Any other person(s) living with the child Relationship to child

_____

Church of membership Pastor's name

_____

Describe any previous preschool or group experience (when and where). _____

_____

Any dietary, health, developmental, or other concerns? _____

_____

How did you hear about our program? _____

Emergency Form

Please provide 2 alternate persons to pick up and transport your child, or to contact in case of an emergency. Please notify the Preschool if any information changes.

Name_____ Phone_____

Address_____

Name_____ Phone_____

Address_____

Child's doctor_____ Phone_____

Address_____

Child's dentist_____ Phone_____

Address_____

Day care provider's name_____ Phone_____

Address_____

In case of an emergency, I give my permission for my child to be treated by a physician or hospital. In an emergency, Hope Christian Preschool staff will contact 911.

Signature of parent/legal guardian_____ Date_____

For use in First Aid/Emergency Kit. All information is needed.

Child's name_____ Birth date_____

Address_____ Phone_____

M/W/F am _____ M – F am _____ T/W/Th pm _____

M/W am _____ T/Th am _____ F am _____

Mother's work phone_____ Cell phone_____

Father's work phone_____ Cell phone_____

Allergies_____