

REGISTRATION 2019-2020

HOPE CHRISTIAN PRESCHOOL

For Preschool Staff Use Only:

Date _____

Reg # _____

Paid/Check # _____

Thank you for choosing Hope Christian Preschool.

A fee of \$50.00 and a completed registration form are required at the time of registration. All other forms including immunization record, health summary and permission form must be returned before the first day of class.

I would like to register my child, _____, for:
First & Last Name

2 ½ year olds (by Sept 1st) Need not be potty trained :

Friday 9:00 -11:30 am _____ \$80/month

3 – 4 year olds (3 by Sept 1st) Must be able to use toilet and dress independently :

Monday / Wednesday 8:45-11:45 am _____ \$135/month

Tuesday / Thursday 8:45-11:45 am _____ \$135/month

4 – 5 year olds (4 by Sept 1st) Must be able to use toilet and dress independently :

Mon. / Wed. / Fri. 8:45-11:45 am _____ \$165/month

Mon.- Friday 8:45-11:45 am* _____ \$250/month

NEW* Extended-Day Care

11:45 am-4:30 pm*, 2 afternoons per week _____ Additional \$150/month

11:45 am-4:30 pm*, 3 afternoons per week _____ Additional \$225/month

11:45 am-4:30 pm*, 5 afternoons per week _____ Additional \$375/month

**Minimum number of children needed to run a session is 8.*

Registration Form

Child's Information

Legal name _____ Date of birth _____

Name child uses _____

Home address _____

Home phone number _____

Parent e-mail address _____

Family and Background Information

Mother's name _____ Employer _____

Father's name _____ Employer _____

Parents' marital status: Married _____ Divorced _____ Single _____

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

Pets: _____

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

Parent, please fill this form out completely in case of emergency. Please notify the Preschool if any information changes.:

Child's name _____ Birth date _____

Address _____ Phone _____

Class Session (ex: 4's M/W/F AM) _____

Allergies _____

Mother's name _____ Best Phone # _____

Father's name _____ Best Phone # _____

Alternate Emergency Contacts (List 2):

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 will call 911.

Signature of parent/legal guardian _____ Date _____

Alternate Authorized Pick Up Person(s)

Child's name _____ Birth date _____

Address _____ Phone _____

Class Session (ex: 4's M/W/F AM) _____

Mother's name _____ Best Phone # _____

Father's name _____ Best Phone # _____

Alternate Pick Up Person #1:

Name _____ Phone _____

Address _____

Alternate Pick Up Person #2:

Name _____ Phone _____

Address _____

Alternate Pick Up Person #3:

Name _____ Phone _____

Address _____

I give permission for my child to be picked up and transported to/from Preschool by the above-named person(s). I will notify Hope Christian Preschool immediately if the above information changes. Pick-up by any person not listed on this form will require advance notice from the Parent in the form of a signed, dated note for each occasion.

Signature of parent/legal guardian _____ Date _____