

Office Use Only:

___ \$50 Registration Fee

___ Immunization Record

new  **hope**
preschool
Enrollment Form
2019-2020

Student Information:

Full Name _____

Home Phone _____

Likes to be called _____

Address _____

Birth Date _____ Gender M F

School District _____

Parent Information:

Mother's Name _____

Father's Name _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Place of Employment _____

Place of Employment _____

Child Lives With _____

Parent's Marital Status () Married () Single () Divorced

If divorced, who has legal custody? _____

Church Affiliation? _____



Student's name: _____

New Hope Christian Preschool Enrollment Form

Pick-Up Information:

List the people who have permission to pick up your child from preschool.

Emergency Information:

In an emergency, who can we contact if parents cannot be reached?

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Cellphone Phone _____

Pediatrician Name _____ Pediatrician Phone _____

Please list any allergies or medical conditions: _____

Required Immunizations:

To be considered adequately immunized, a child of 18 months or older should have received at least four DPT inoculations, three trivalent oral polio feedings, and inoculations against measles, mumps, and rubella. It is also recommended that children under the age of five years receive the HIB immunization.

HEP B (Hepatitis B), DTP- (Diphtheria, Tetanus, Pertussis), HIB-(Haemophilus Influenzae Type B3), IPV- (Inactivated Polio), MMR- (Measles, Mumps, Rubella) are required for enrollment.

****Please attach a copy of immunization Record****

Parent Release:

I hereby authorize New Hope Christian Preschool and/or New Hope Christian Church Staff to provide and/or give consent for any and all emergency and first aid care for my child, _____, while under the preschool's care.

Signature of Parent/Guardian _____ Date _____



Student's name: _____

New Hope Christian Preschool Enrollment Form

Help us get to know your child!

How would you describe your child's personality? _____

Does your child have any speech, hearing, or visual problems? _____

Has your child been in childcare before? _____

How does your child interact with other children? _____

Does your preschooler have any siblings?

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Your child's **favorite**:

Color _____

Book _____

Food _____

Game _____

Indoor Activity _____

Outdoor Activity _____

Show _____

Anything else you would like us to know about your child? _____

