



Hope Christian Preschool Registration 2009-2010

Today's Date:

Please fill out completely

Child's Name: _____ M F Birthdate: _____
(Please Circle)

Child's Address **with zip**:

Telephone:

Mother's Name:

Father's Name:

Mother's Address (if different than child's):

Father's Address (if different than child's):

Telephone:

Telephone:

Work / Cell Phone :

Work / Cell Phone:

Tell us about your child

Does your child have any allergies?

Is there any special information you would like us to know about your child?

Has your child ever attended preschool? If so, which one?

Is your family a member of a church? If so, which one?

Points of Interest

- Children registering for our 3 year old **Two Days a Week** classes must be 3 by December 1, 2009
- Children registering for our 4 year old **Three and Four Day a Week** classes must be 4 by December 1, 2009
- **All children who attend our preschool must be potty trained.**

Please indicate first choice with a "1" and second choice with a "2".

Monday/Wednesday/ Friday (4's) AM Class _____ PM Class _____

Monday/Wednesday/Thursday/Friday (4's) PM Class _____

Tuesday/Thursday (3's) AM Class _____

Monday/Wednesday (3's) AM Class _____

We **try** to accommodate special teacher or class requests. If you have a special request, please note that here.

Registration Fee Information

A \$45 registration fee must accompany this form. Check should be made payable to Hope Christian Preschool. **This fee is non-refundable, except in the event we are unable to place your child in any of our classes.** This payment will hold your registration until May 31, 2009 when a \$50 tuition deposit is due.

For Office Use

Date Received: _____

Check/ Cash

Check #: _____

Class: _____