



# Hope Christian Preschool Registration 2012-2013

Today's Date: \_\_\_\_\_

## Please fill out completely

(Please Circle)

Child's Name: \_\_\_\_\_ M F Birth Date: \_\_\_\_\_

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 that require special consideration? What is required? \_\_\_\_\_

Please note any special information we need 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, 2012
- Children registering for our 4 year old **Three and Four Day a Week** classes must be 4 by December 1, 2012
- **Children who attend our preschool must be potty trained.**
- **Children who attend our preschool must have ALL the New York State required immunizations.**

## 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 \_\_\_\_\_

Monday/Wednesday (3's) AM Class \_\_\_\_\_ PM Class \_\_\_\_\_

Tuesday/Thursday (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 \$50 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, 2012 when a \$75 tuition deposit is due.

## For Office Use

Date Received: \_\_\_\_\_

Cash / Ck #: \_\_\_\_\_

Amount: \_\_\_\_\_

Class: \_\_\_\_\_