

Hope Christian Preschool Registration 2018-2019

Today's Date: _____

Child's Name: _____		(Please Circle) 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: _____	
Email Address (Print): _____		Email Address (Print): _____	

Tell us about your child

Does your child have any allergies that require special consideration? What is required?

Does your child have any emergency or prescription medications (ie. inhaler, epipen, nebulizer, benadryl)?

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

Attender of Hope Church? yes no
If no, do you have a church home? yes no Name of Church: _____

Policies

I understand:

- The \$ 50 registration fee (\$80 family max.) is due at the time of registration and is non-refundable.
- A \$75 deposit is required by May 15, 2018 to hold my child's class placement.
 - * Any registrations received June 1st or after, must pay the deposit and registration fee (\$125) at the time of registration.
 - * The deposit will be applied to the 4th quarter tuition payment. It is not refundable if your child withdraws for non-medical reasons.
- Payment is due quarterly on the 1st of September, November, January and March. A late fee of \$15 will be charged after the 10th of that month.
- Please make checks payable to Hope Christian Preschool and include the students name on the memo line.
- Toilet training is required except when stated otherwise.
- All children must have state required immunizations on file by the first day of school.
- My child may be photographed throughout the year at field trips & school events. I give permission for these photos to be used in the classroom, bulletin boards, the year-end slide show and on the sharethehope.org website.
- My e-mail address listed above will be used as the primary form of communication from the preschool office and the teacher for newsletters and other school/church communications. I may request to have this electronic communication stopped at any time.

Parent/Guardian Signature: _____ **Date:** _____

For Office Use:

Date Received: _____
 Cash / Check #: _____
 Amount: _____ Class: _____

Registration Options:

	Annual Cost
Preschool Registration Fee / Family Max.	\$50 / \$80
Pre-Kindergarten (5-day) - Older 4's & Young 5's (Please note age requirement)	
Monday - Friday (4 by Sept 1, 2018) _____ 9:00 — 11:30	
Monday - Friday (4 by Sept 1, 2018) _____ 12:00—2:30	
Preschool (3-day) - 4 year olds	
Monday/Wednesday/ Friday (4 by Dec. 1, 2018) _____ 9:00—11:30 _____ 12:00—2:30	
Preschool (3-day) - 3 year olds (Please note age requirement)	
Monday/Wednesday/Friday (3 by Sept. 1, 2018) _____ 9:00—11:30 _____ 9:15—11:45	
Preschool (2-day) - 3 year olds	
Tuesday/Thursday (3 by Dec. 1st, 2018) _____ 9:00—11:30 _____ 9:15—11:45	
Monday/Wednesday afternoon (pull-ups accepted) _____ 12:00—2:30	
2 year olds (Diapers/pull-ups accepted)	
Monday / Wednesday (2 by Sept. 1st, 2018) _____ 9:15—11:15 _____ add Fun Friday 9:15-11:15	
Tuesday / Thursday (2 by Sept. 1st, 2018) _____ 9:15—11:15 _____ add Fun Friday 9:15-11:15	
Fun Friday Class only _____ 9:15—11:15	
Early Morning Drop-Off: 8:15-start of class	
_____ Tues/Thurs _____ Mon/Wed/Fri _____ Mon-Fri	
Total Annual Tuition	

Please indicate special concerns or requests.

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