



2021—2022 Registration Form

Today's Date: ____/____/____

Please Print Legibly

Part 1 Demographics

Child's Name:	Circle one: M F Birthdate: ____/____/____
Child's Address:	City: _____ Zip: _____
Primary Email Address for to be used for invoicing and school communication :	
Primary Contact Phone:	Whose phone? Mom or Dad
Secondary Contact Phone:	Whose phone? Mom or Dad
Mother's Name:	Father's Name:
Mother's Address (if different than child's):	Father's Address (if different than child's):

Part 2 Tell us about your child

Has your child ever attended preschool? Y or N If yes, which one?

Please list any services (OT, PT, Speech, etc.) your child receives or is being evaluated for. This helps us to balance the number of potential service providers per room.

Please specify if your child have any **emergency** or **prescription** medications (i.e. inhaler, epipen, nebulizer, Benadryl)?

Are you a regular attender of Hope Church? ____ yes ____ no

If no, do you have a church home? ____yes ____no Name of Church: _____

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

For Office Use only	
Date Received: _____	____ Master
Cash / Check #: _____	____ Realm Class: _____
Online Payment: _____	____ A/R
Amount: _____	

Part 3 Indicate Registration Options

	Class	Age Requirement	Days of the week	Indicate Time choice	Annual Tuition
Pre-K	Older 4s & Young 5s <i>(Must be potty-trained.)</i>	4 by Aug. 1, 2021	5 Day Monday - Friday	___ 9:00 - 11:30 ___ 9:15 - 11:45 ___ 12:00 - 2:30	\$1,955
	Four year olds 5-Day <i>(Must be potty-trained.)</i>	4 by Dec. 1, 2021	5 Day Monday - Friday	___ 12:00 - 2:30	\$1,955
	Four year olds 3-Day <i>(Must be potty-trained.)</i>	4 by Dec. 1, 2021	3 Day Mon., Wed., Fri.	___ 9:00 - 11:30 ___ 9:15 - 11:45	\$1,425
Preschool	Three year olds 3-Day <i>(Must be potty-trained. Pull-ups are not accepted.)</i>	3 by Dec. 1, 2021	3 Day Mon., Wed., Fri.	___ 9:00 - 11:30 ___ 9:15 - 11:45	\$1,425
	Three year olds 2-Day <i>(Pull-ups accepted)</i>	3 by Dec. 1, 2021	2 Day Tues., Thurs.	___ 9:00 11:30 ___ 9:15 - 11:45	\$1,085
Early Preschool	2 year olds 3-Day <i>(Diapers/pull-ups accepted)</i>	2 by Sept. 1, 2021	3 Day Mon., Wed., Fri.	___ 9:15 - 11:45 Note: Twos are now a 2.5 hour program	\$1,365
	2 year olds 2-Day <i>(Diapers/pull-ups accepted)</i>		2 Day Tues., Thurs.		\$1,030

Part 4 Acknowledge Registration Policies

By signing below, 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 April 1, 2021 to hold my child's class placement.** Any registrations received after May 1st must pay the deposit and registration fee (\$125) at the time of registration. The \$75 deposit will be deducted from the 5th quarter tuition payment. It is not refundable if your child withdraws for non-medical reasons.
- **Please take the time to go online to <https://sharethehope.org/hope-christian-preschool/> to read our complete policy document before signing below.** By signing below, I acknowledge that I have read the online HCPS Policies, and that I agree to abide by all policies. I also understand that a paper copy of these policies is available in the office.
- I understand that HCPS may need to enforce the Covid safety procedures again next fall based on progress with the immunization. I agree to comply with Covid protocol if required next school year.

Parent/Guardian Signature: _____ Date: _____

Part 5 Indicate Your Payment Method and Sign Attached Tuition Agreement

Please indicate your method of payment:

- Enclosed is my check for \$50 (or \$80 family fee)
- Online payment at sharethehope.org/preschool

Before you send registration, make sure you have included fully filled out form, indicated your payment method, and the signed Tuition Agreement. **Your registration will not be processed until all of the above are received.**

Return to: Hope Christian Preschool, attn. Mrs. Brand
1301 Vintage Ln., Rochester, NY 14626

Or email scanned PDF documents to: kellybrand@sharethehope.org



2021 - 2022 Tuition Agreement

Please read, initial, sign and return this document with your registration. Keep the included document copy for your reference.

By signing this form, you agree to the following:

All accounts must be paid in full by the first by April 15, 2022. _____ (initial here)

Invoices will be emailed approximately 3 weeks in advance of due date. A \$15 late fee will be enforced if you do not pay the tuition by the due date. The late fee becomes part of the tuition due and is expected to be paid. See the table on the next page for the specific due dates and amount

I further understand that if I need to make any alternate payment arrangements at any time during the year, it is necessary to contact Sherry Trerise, Accounts Receivable Specialist, directly to work out arrangements at sherrytrerise@sharethehope.org, or at 723-4673 x142.

A 30-day written notice is required if you need to withdraw your child for any non-medical reason. No refunds will be given for non-medical withdrawals with less than 30-days' notice. If a refund is owed, you will receive it within 4-6 weeks. Please email SherryTrerise@sharethehope.org and copy in KellyBrand@sharethehope.org with any address changes. _____ (initial here)

If an account goes more than 30 days in arrears without any communication from the person(s) responsible, it will be necessary for us to **suspend** your child's attendance (without financial credit), including field trips and you will not be entitled to the early bird special until the billing matter is handled. In addition, any account that has an excess balance \$15 or less at the end of the billing period will be forfeited.

Please return this completed form to the Children's Ministry Office.

By signing below, I am acknowledging that I have read the tuition agreement and that I am ultimately responsible for payment of tuition for the student(s) listed below.

All billing correspondence and phone calls, if needed, can be directed to me at the email address and phone number listed as my primary email on the registration form. I give permission for Hope Christian Preschool to leave billing information on my voice mail. _____ (initial here)

Student(s) Name (please print): _____

Parent/Guardian Name (please print)

date

Parent/Guardian Signature

Email Address for Billing (please print)

Billing Contact Phone Number

Return this page with your registration form and registration fee.