

NEW HOPE PRESCHOOL



Preschool Registration

School Year 2018-2019

New Hope Presbyterian Church
3737 New Hope Way, Castle Rock, CO 80109
303.663.6077
Fax: 303.660.1532

**** Non-refundable Annual Registration Fee: \$75 per family due at time of registration**

Today's Date: _____

Child's Information

Child's Name: _____ Gender: _____ Birthdate: _____

Program Preference: Please indicate order of preference (1st choice, 2nd choice, 3rd choice, etc.)

PRESCHOOL, AM (9:00-1:00)

(Age 3 by October 1)

_____ Monday/Tuesday/Wednesday/Thursday

_____ Tuesday/Wednesday/Thursday

_____ Monday/Tuesday

_____ Wednesday/Thursday

Pre-Kindergarten, AM (9:00-1:00)

(Age 4 by October 1)

_____ Monday/Tuesday/Wednesday/Thursday

_____ Tuesday/Wednesday/Thursday

Parent Contact Information

Mother/Guardian Name: _____ Father/Guardian Name: _____

Primary Phone: _____ Primary email address: _____

Street Address: _____

City/State/Zip: _____

(OVER)

Check all that apply:

- Currently enrolled NHP Family NHP Alumni Family New to New Hope Preschool
- New Hope Church Member (How did you hear about NHP? _____)
- Church Affiliation (if any) _____

Releases and Signature

- I fully understand and support the mission of NHPC to help my child develop spiritually, socially, intellectually, and physically.
- My signature below releases all New Hope Preschool employees to both view and process all information about my child, including confidential information such as medical information, immunization records, and health status forms.
- My signature below also communicates my understanding that the confidentiality of all information sent via fax may be compromised.

Parent or Legal Guardian Signature

Date

Office Use Only:

Date Received: _____ Check Number/Cash _____ Amount: _____