

**REGISTRATION**

**CHILDREN OF HOPE CHILD DEVELOPMENT CENTER**

2601 E. Thunderhill Place Phoenix, AZ 85048 (480) 759-1515

CHILD \_\_\_\_\_ M or F  
Last Name First Middle

ADDRESS \_\_\_\_\_  
Street City Zip

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ FREE SCHOOL T-SHIRT \_\_\_\_2T\_\_\_\_3T\_\_\_\_4T  
Month Day Year

**PARENT/GUARDIAN INFORMATION**

Mother's Legal Name \_\_\_\_ Lives with student Father's Legal Name \_\_\_\_ Lives with student

Mother's Address: \_\_\_\_\_ Father's Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

**OTHERS IN HOUSEHOLD**

NAME RELATIONSHIP TO CHILD AGE

**STUDENT BACKGROUND**

Do you have a religious affiliation? \_\_\_\_\_

Has your child been in preschool before? \_\_\_\_ Yes \_\_\_\_ No How Long? \_\_\_\_\_

**DOES YOUR CHILD HAVE ANY ALLERGIES (FOOD OR SEASONAL) OR HEALTH CONCERNS THAT WOULD RESTRICT HIS/HER PARTICIPATION IN ANY PRESCHOOL ACTIVITIES?**

Is there anything else we should know about your child? \_\_\_\_\_

2. Tuition is due by the 10th of each month (a total of 10 monthly payments –August - May)
3. The teachers will use Conscious Discipline in matters of discipline with redirection and positive choices
4. Parents are welcome to visit the classroom at any time. Please coordinate with your teacher.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Class Assignment: \_\_\_\_\_ Fees Paid: \_\_\_\_\_

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Children of Hope Child Development Center makes no discrimination in admissions or determination of enrollment on the basis of race, sex, color, national origin or religion.