

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 PROBLEMS THAT WOULD RESTRICT HIS/HER PARTICIPATION IN ANY PRESCHOOL ACTIVITES?

Is there anything else we should know about your child? _____

In signing this application, I understand that:

1. The registration fee is NON-REFUNDABLE
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: _____

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.