

**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  5T  
Month Day Year

**PARENT/GUARDIAN INFORMATION**

Parent's Legal Name  Lives with student

Parent's Legal Name  Lives with student

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

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.