

REGISTRATION

CHILDREN OF HOPE PRESCHOOL

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 SIZE _____ XS _____ S
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

<u>NAME</u>	<u>RELATIONSHIP TO CHILD</u>	<u>AGE</u>

STUDENT BACKGROUND

What is your 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 the first of each month (a total of 10 monthly payments –August - May)
3. The teachers will use separation or re-direction in matters of discipline
4. Parents are welcome to visit the classroom at any time. Please coordinate with your teacher.

Parent Signature: _____ Date: _____
Class Assignment: _____ Fees Paid: _____