

I am enrolling my child in the:



3 /4 year old morning class (3 day)

Multiage morning class (4 day)

4/5 year old morning class (

Child Last Name \_\_\_\_\_ First Name \_\_\_\_\_ sex: M or F

Refer to my child as (nickname) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month/day/year

Name: Father/Mother/or Legal Guardian \_\_\_\_\_

Father's Address \_\_\_\_\_  
Address City state zip code

Mothers Address \_\_\_\_\_  
Address City State Zip code

This child lives with \_\_\_\_\_ at \_\_\_\_\_  
Address City State Zip code

Father's (or legal guardian) phone number \_\_\_\_\_  
Work cell home

Mother's (or legal guardian) phone number \_\_\_\_\_  
Work cell home

Email address \_\_\_\_\_

Please list your child's siblings and their ages: \_\_\_\_\_  
\_\_\_\_\_

My child has participated in or been referred to (check all that apply):

- First Steps
- Occupational Therapy
- Speech Therapy
- Behavioral Therapy

If any of the above were checked please describe and list dates of involvement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any medical or physical issues that the preschool teacher should be aware of? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_ if so please list \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you currently regularly attend a church? \_\_\_\_\_ If so where? \_\_\_\_\_

\*\*\*\*\* Referred by \_\_\_\_\_

Thank you for considering Hope Missionary Preschool We are so excited to begin enrollment for our 2024-2025 Preschool year! Listed below are the classes and times available for this fall. Please return the registration form and non-refundable registration fee. Your child's enrollment will not be considered complete until the full registration fee and the attached form is complete.

### Our 4 /5 year old class

*\*Meets Monday through Friday*

*9:00-11:30am*

*\*Children must be 4 by August 1 and potty trained to enroll in class*

*\*Registration fee: \$75.00*

*\*Tuition: \$140.00 per month*

### Our 4 day multiage class

*\*Meets Monday through Thursday*

*9:15-11:45am*

*\*Children must be 3 by August 1 and potty trained to enroll in class*

*\*Registration fee: \$75.00*

*\*Tuition: \$130.00 per month*

### Our 3 /4 year old class

*\*Meets Monday through Wednesday*

*9:15-11:45am*

*\*Children must be 3 by August 1 and potty trained to enroll in class*

*\*Registration fee: \$75.00*

*\*Tuition: \$120.00 per month*

### Lunch Bunch Program

*Meets Monday through Wednesday*

*After preschool until 2:00pm*

*All students must be enrolled in a current Hope Preschool class*

*Tuition is paid monthly based on number of days each week*

*1 day a week for the month -\$60*

*2 days a week for the month -\$70*

*3 days a week for the month -\$90*



*Please tell us about your child!!*

My child is great at \_\_\_\_\_  
\_\_\_\_\_

My child struggles with \_\_\_\_\_  
\_\_\_\_\_

My child has the opportunity to interact with peers (ex- Sunday school, cousins)  
\_\_\_\_\_  
\_\_\_\_\_

My child loves to \_\_\_\_\_  
\_\_\_\_\_

My child has anxiety/is afraid when \_\_\_\_\_  
\_\_\_\_\_

Does your child struggle with bed wetting? \_\_\_\_\_

What is your child's favorite:

Toy \_\_\_\_\_ Food \_\_\_\_\_

TV Program \_\_\_\_\_ Activity \_\_\_\_\_

*Please tell us about you!*

Mom's occupation \_\_\_\_\_

Dad's occupation \_\_\_\_\_

I want my child to learn \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ at Hope Missionary Preschool.

Please list your family doctor(s) \_\_\_\_\_  
\_\_\_\_\_

