

New Hope Church School

Registration Form

Student Name _____

Mailing Address _____

Birth date _____ Age-as of Sept. 1st _____

Gender boy _____

girl _____

Parent Information

Mom _____

Dad _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Program Options

2 Year Old Programs:

2 Day Class (9am-12pm) (Days TBA) _____

Part time Care (7am-1:30pm Mon-Fri) _____

3-4 Year Old Programs:

2 Day Preschool Class (9am-12pm Tues/Thurs) _____

4 Day Preschool Class (9am-12pm Tues-Friday) _____

Part time Care (7am-1:30pm, Mon-Fri) _____

Kindergarten Program:

7am-9am Monday-Friday _____

7am-11am Monday-Friday _____

School Age Program:

Before-school 7am-9am Mon-Friday _____

\$25 deposit required to hold spot

Paid _____ Check# _____ Date _____