

New Hope Church School
Registration Form

Student Name _____

Mailing Address _____

Birth Date _____ Age as Aug. 18th _____ boy girl

Parent Information

Mom _____

Dad _____

Home phone _____

Home phone _____

Work phone _____

Work phone _____

Cell phone _____

Cell phone _____

e-mail _____

e-mail _____

Program Options

Toddlers: 1 day per week _____

(2 yr olds) 2 days per week _____

Preschool: 2 days per week _____

(3 yr olds) 3 days per week _____

4 days per week _____

5 days per week _____

Pre-Kindergarten 2 days per week _____

(4 yr olds) 3 days per week _____

4 days per week _____

5 days per week _____

\$25 deposit required to hold place Paid _____ Check # _____ Date _____