

New Hope Church School
Toddler Program Registration

Child

Name: _____
Date of Birth: _____

Parent/Guardian #1

Name: _____
Address: _____
Home Phone: _____ Work Phone: _____
Email: _____

Parent/Guardian #2

Name: _____
Address: _____
Home Phone: _____ Work Phone: _____
Email: _____

Schedule:

We are offering FT and limited PT care, based on availability. If you are interested in full-time care, please indicate regular drop-off and pick-up times. If you are interested in part-time care, please indicate the days and hours of childcare that you desire, and we will let you know if there are any spots available.

Any additional information you'd like to offer about your child:

Contact Nicole @ 460-2216 or jn6918@hotmail.com for more information. We encourage you to stop by to see the facility before registering your child. Someone would be happy to show you around any time between 12:30 and 6pm, Monday-Friday.

Registration Received _____