

Hope Christian Preschool 2022-2023 Registration

Attached you will find the forms to fully register your child at Hope Christian Preschool.

We are looking forward to an exciting school year and would love to share the experience with your child at Hope Christian Preschool where we LOVE your child into learning.

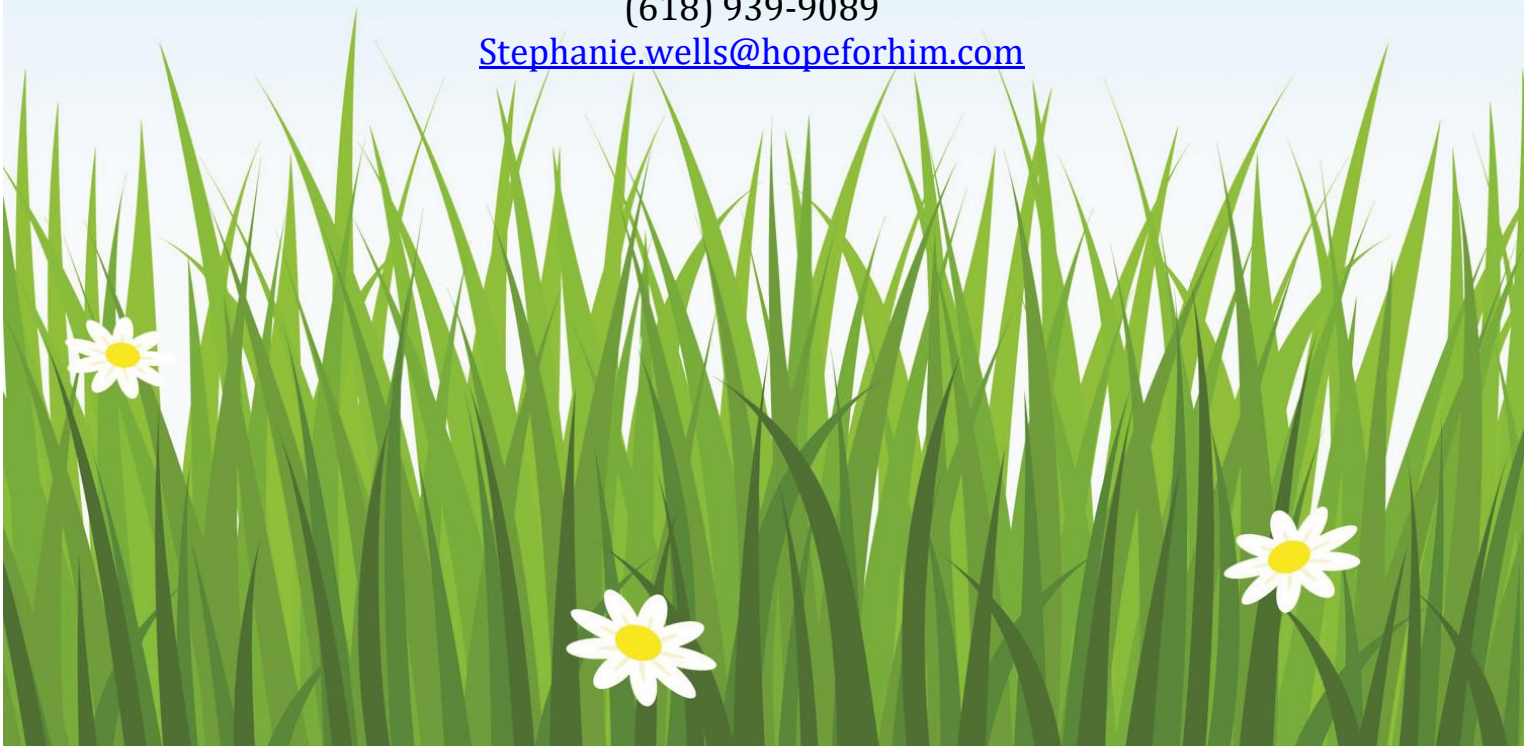
If you have any further questions or would like to make arrangements to visit the classroom, please contact Stephanie Wells at (618) 939-9089 or stephanie.wells@hopeforhim.com. We will contact you as soon as possible.

Registration Checklist

- *Completed Registration form.
- *\$70 non-refundable registration fee.
- *Physical form.
- *Registration forms and fee may be returned by mail or to the church office Monday-Thursday 8a.m. to 4p.m.
- *Copy of original birth certificate

9273 Coach Stop Road
Columbia, IL 62236
(618) 939-9089

Stephanie.wells@hopeforhim.com



**Hope Christian Preschool
2022-2023 Registration Form
\$70 Registration Fee (non-refundable)**

_____ Pre-K (must be 4 to enroll and will enroll in kindergarten the next year)

_____ Early Childhood (must be 3 to enroll and be potty-trained)

Child's Name _____

Date of Birth _____

Male/Female (please circle one)

CLASS CHOICES

Please check the class and time that you prefer. **Please note that class times and availability are dependent upon enrollment. Price includes child t-shirt, activities, snack and supplies. \$10 discount per month for multiple children.**

HALF DAY PROGRAMS 8:30a.m.-11:30a.m.

_____ Monday thru Friday \$225 per month	_____ Monday/Wednesday/Friday \$160 per month	_____ Tuesday/Thursday \$125 per month
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FULL DAY PROGRAMS 8:30a.m.-2:30p.m.

_____ Monday thru Friday \$350 per month	_____ Monday/Wednesday/Friday \$235 per month	_____ Tuesday/Thursday \$175 per month
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RISE AND SHINE 7:00a.m.-8:30a.m.

_____ Monday thru Friday \$145 per month	_____ Monday/Wednesday/Friday \$85 per month	_____ Tuesday/Thursday \$60 per month
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**Hope Christian Preschool
2022-2023 Registration Form**

Parent Information

Mother's Name _____

Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Email _____

Father's Name _____

Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Email _____

Parent's current status: _____ Married _____ Divorced _____ Separated _____ Single

Student lives with: _____ Mother _____ Father _____ Grandparents _____ Other

What school district does the student live in? _____

Member of Hope Christian Church ___ Yes ___ No

If not, where do you attend? _____

How did you hear about Hope Christian Preschool? _____

Emergency Information

Allergies your child has _____

Medical conditions your child has _____

Doctor's name _____

Address _____ Phone Number _____

Preferred hospital in case of emergency _____

I understand that in case of an accident, injury or illness that requires medical attention, I will be notified immediately, If my requires emergency medical care, 911 will be contacted and Hope Christian Preschool will share the information that you have provided for their doctor and preferred hospital. It is at the discretion of the EMT Service due to the nature of the accident, injury or illness, which hospital will be utilized. I further agree to pay all costs incurred by transport.

Parent Signature _____ Date _____

Person(s) whom we may call if we are unable to reach either parent in an emergency or illness. They are also authorized to take your child to/from Hope's facility. These persons may be asked for a photo ID before the child will be released.

1. Name _____ Phone Number _____
Relationship _____
Address _____

2. Name _____ Phone Number _____
Relationship _____
Address _____

3. Name _____ Phone Number _____
Relationship _____
Address _____

4. Name _____ Phone Number _____
Relationship _____
Address _____

Siblings Names and Ages

- 1.
- 2.
- 3.
- 4.

