



New Hope Preschool Enrollment 2018-2019

Thank you so much for your interest in our preschool. We would love the opportunity to work with you and your child this school year. Enrollment is on a first come first serve basis. As you know we pride ourselves on small class size, so please return your form promptly to ensure your child's spot.

Please fill out the information below if you would like to enroll your child for the 2018 –2019 school year.

Listed below are the class options and prices for the 2018-2019 school year.

The Registration Fee is \$100 per child or \$175 for families with more than one child enrolled.

Registration fees are non-refundable if you must withdraw from our program.

A 10% DISCOUNT IS GIVEN TO EACH ADDITIONAL CHILD

2 Year Old Class

- 1 day a week - \$160.00 per month
- 2 days a week - \$180.00 per month
- 3 days a week - \$200.00 per month
- 4 days a week - \$220.00 per month

3 Year Old Class

- 2 days a week - \$180.00 per month
- 3 days a week - \$200.00 per month
- 4 days a week - \$220.00 per month

Pre K Class

- 3 days a week - 220.00 per month
- 4 days a week - \$250.00 per month
- 5 days a week - \$280.00 per month

My child _____ will be enrolling
in the _____ class for next year _____ days a week.

There is a one time Activity fee of

\$100.00

The activity fee will assist in covering the variety of activities they will participate in during the school year, including pizza parties, and any field trips.

(Due at Open House)

****Please feel free to drop forms off to the church office or you are welcome to mail them to the church.**

Office hours: Monday-Thursday 9:00am-2:00pm

Address: New Hope United Methodist Church

Attention: Preschool

4815 Dawsonville Highway



Preschool Registration Form

2018-2019

Child's Name _____ Name _____

First

Middle

Last

Date of Birth _____ Male _____ Female _____

Address _____

City _____ Zip _____ Home phone _____

Child lives with: Both Parents _____ Mother _____ Father _____ Other _____

Mother/Legal Guardian Name _____

Address if different from child's _____

Home Phone _____ Cell Phone _____ Work phone _____

Employer Name _____ Email Address _____

Father/Legal Guardian Name _____

Address if different from child's _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer Name _____ Email Address _____

Names and Ages of Siblings

Siblings Name: _____ Age: _____

Siblings Name: _____ Age: _____

Siblings Name: _____ Age: _____

Siblings Name: _____ Age: _____

Allergies

Please all Allergies that your child may have: (Foods, Medications, Insect Sting, Etc....)

OTHER HEALTH CONCERNS:

Are there any medical, emotional, or behavioral conditions of which we should be aware?

Emergency Contact Information

In case of emergency (your child is sick, injured, school closing, etc...), we will make every attempt to contact you. However, please list several people we can call in the event we are unable to locate you.

Contact Name	Emergency Phone Number	Relationship

Permission Form

Child's name _____

I give permission for my child to be photographed or videotaped for activities essential to the preschool program, such as memory books, projects and class/hallway decoration. I understand enrolled preschool families may videotape or photograph my child as the class participates in activities.

Parent/Legal Guardian Signature

Date

Facebook Page

Child's Name: _____

As you all may know, or will know now, New Hope preschool has a Facebook page. We would like to have the ability to take pictures of children and post them on our page when they are engaged in activities at the preschool.

I know some parents won't want pictures of their children on the Internet, but we will assure you that no information about the children will be given out. If you do not want pictures posted we will completely understand and hope you will still follow our page.

Please sign this letter with consent to release your child's picture on our Facebook page.

Parent/Legal Guardian Signature

Date