

TODAY'S DATE _____



REGISTRATION FORM

NAME OF CHILD _____

Please indicate name child will use at school

AGE (at present) _____ BIRTHDATE _____

PARENTS' OR GUARDIANS': NAME _____

NAME _____

Attend St. John United Methodist Church? _____ yes _____ no

Phone _____ Phone 2 _____ Email _____

Mailing Address _____ Zip _____

Registration Fee \$150.00

The non-refundable registration fee and this form is needed to secure a position in the class.

Payment by **Cash, Credit Card or Checks payable to: New Horizons Preschool (NHPS)**

Program Choice 2025 - 2026

Please check your program choice and we will try to honor your preference.

Financial assistance is available for families with needs

- | | | |
|------------------------------------------------------------------------|-------------------------------------------------|---------------------------|
| <input type="checkbox"/> <u>Teddy Bears</u>
3 yrs. by 9/1/25 | 2 day A.M. program
9:00 – 11:30 Tue & Thurs. | Tuition: \$180 each month |
| <input type="checkbox"/> <u>Rainbows</u>
4 yrs. by 9/1/25 | 3 day A.M. program
9:00 – 11:30 Mon/Wed/Fri | Tuition: \$255 each month |
| <input type="checkbox"/> <u>Penguins</u>
5 yrs. by 12/31/25 | 4 day P.M. program
12:30 – 3:00 M/T/W/Th | Tuition: \$315 each month |

I understand that NHPS requires an adult from each family to help in the classroom at least once each month.

Initial

For Office Use: Amount Rec'd _____ Cash/CC/Check # _____ Date _____