New Horizon	REGISTR	ATION FORM
	NAME OF CHILD	Please indicate name child will use at school
	GE (at present) BIRTHD	ATE Circle Gender: M F
PARENTS' OR GUARDI	ANS': NAME	
	NAME	
Attend St. John United M	lethodist Church? ye	s no
Phone Ph	one 2Ema	il
Mailing Address		Zip
		<b>130.00</b> ed to secure a position in the class. <b>New Horizons Preschool (NHPS)</b>
	Program Choice 201 our program choice and we wil ncial assistance is available for f	I try to honor your preference.
0tters 3 yrs. between 5/1/19 – 8/31/19	2 day A.M. program 9:15 – 11:15 Tue & Thurs.	Tuition: \$170 each month
Teddy Bears3 yrs. by 4/30/19	2 day A.M. program 9:00 – 11:30 Tue & Thurs.	Tuition: \$175 each month
A.M. Rainbows 4 yrs. by 9/1/19	3 day A.M. program 9:00 – 11:30 Mon/Wed/Fri	Tuition: \$200 each month
<b><u>P.M. Rainbows</u></b> 4 yrs. by 9/1/19	3 day P.M. program 12:30 – 3:00 Mon/Wed/Fri	Tuition: \$200 each month
Benguins 5 yrs. by 12/1/19	4 day P.M. program 12:45 – 3:15 M/T/W/Th	Tuition: \$260 each month

Credit cards are accepted for monthly tuition. There is a \$5.00 fee for every transaction.

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

Initial

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