

**Hope Community Center  
Homeschool Pod Registration Form**

**General Information**

Child's Name:

Date of Birth:

Age:

Address:

City, State, Zip:

Tuition: \$400.00 per month (due by the 1<sup>st</sup> of each month)

Email Address:

Father's Cell:

Mother's Cell:

Home Phone:

Work Phone:

Parent/Guardian Names:

Parent/Guardian Places of Work:

Names & Ages of Siblings:

What experiences do you expect your child to gain from our program?

**Child's Health Record (Please attach a copy of immunization record)**

Food Allergies:

Other Allergies:

Does your child have any other medical problems we should be aware of?

Name & Phone of child's doctor:

**Parent/Guardian Signature & Date:**

**Authorization for Medical Information**

I hereby grant permission for any staff person from the preschool of Hope Community Center (HCC) to take whatever steps may be necessary to obtain emergency medical treatment for my child. I also understand that I am responsible for any resultant medical treatment expenses.

**Emergency Contact Information When Parents Cannot Be Reached**

1. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

**Parent/Guardian Signature & Date:** \_\_\_\_\_

**Authorization for Release**

I understand that anyone listed below may pick up my child provided the school has been notified ahead of time.

1. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

**Parent/Guardian Signature & Date:** \_\_\_\_\_

**Photo & Video Release**

I hereby give permission for any photo/video to be used for marketing to include, but not limited to, bulletin boards, advertisements, social media platforms, and websites.

**Parent/Guardian Signature & Date:** \_\_\_\_\_

**Registration/Monthly Fee**

By signing below, I acknowledge the registration/monthly fee is non-refundable. The monthly fee is due the first day of each month, and there will be a late fee of \$25.00 after the fifth of each month. There are no refunds or credits once the first payment is made for the year.

**Parent/Guardian Signature & Date:** \_\_\_\_\_