

Hope Community Center Registration Form

General Information			
Child's Name:			
Date of Birth:	Age:		
Address:			
City, State, Zip:			
Class Choice (Circle One) 8:30 a.m. - 12:00 p.m.	5 Days (M-F) \$400.00	3 Days (M, W, F) \$325.00	2 Days (T, Th) \$275.00
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: _____