



## 2017-2018 Registration Form

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Alternate Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### Special Considerations:

Are you aware of any special requirements that your child has, for example, physical, emotional or medical needs? \_\_\_\_\_

Has your child ever received any outside services, such as:

Physical Therapy:\_\_\_\_ Occupational Therapy:\_\_\_\_ Speech/Language Therapy:\_\_\_\_

If yes please explain: \_\_\_\_\_

Does your child have any food or other allergies for us to be aware of? \_\_\_\_\_

### Classes Being Offered:

\_\_\_\_\_ 3-years-old by Sept 15<sup>th</sup> Mon, Tues and Thur, 9:00-11:30am, \$125 per month

\_\_\_\_\_ 4-years-old by Sept 15<sup>th</sup> Mon, Tues, Thurs and Fri, 12:15-3:00pm, \$150 per month

### Important Information:

Completing this form does not guarantee enrollment. Priority is given to the families of currently enrolled students and members of New Hope Church but you need not meet that criteria to enroll. You will be notified of the status of your enrollment by mail.

New Hope Beginnings Preschool is a private, not for profit, tuition, faith-based educational program.

Transportation is not provided. Please do not hesitate to contact us regarding transportation issues.

**Please send this form along with a non-refundable registration fee of \$125 for the morning class or \$150 for the afternoon class to:**

New Hope Beginnings Preschool, PO Box 85, Adel IA 50003

Make checks payable to New Hope Beginnings Preschool

Please contact the Director, Emily Brott at 515-444-3492 or [beginnings.emilybrott@gmail.com](mailto:beginnings.emilybrott@gmail.com) with questions.

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