



2018-2019 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? _____

Enrollment for each class will be considered on a first come first serve basis. Please indicate those options that would be suitable for your child and circle your first choice:

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

_____ 4-years-old by Sept 15th Mon, Tues and Thur, 12-2:45 pm, \$125 per month

_____ 4-years-old by Sept 15th Mon, Tues, Thurs and Fri, 12-2:45 pm, \$160 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 submit this form to the director along with a non-refundable registration fee of \$125 for a three day class or \$160 for a four day class.

Make checks payable to New Hope Beginnings Preschool

Please contact Amanda Taborga or Betsi Ausdemore at 515-444-3492 or at nhbeginnings@gmail.com with questions.

Parent/Guardian Signature _____ **Date** _____