



Cross of Hope Preschool
Registration Form 2020-2021

PLEASE PRINT clearly filling out form completely
all information is required.

I AM ENROLLING MY CHILD IN THE:
3's /TH 8:30-12:30 () or 8:30-3:30 ()
4's M/W/F 8:30-12:30 () 4's Two days ()
4's Three days () 4's Four days () 4's M-F ()
8:30-12:30 () 8:30-3:30 ()
Before School Care AM 8:00-8:30 ()

Student Information

Name _____ Gender _____ Birth Date _____
Last First Middle Name to be used at school

Primary Contact Phone # _____

Mailing Address _____ City _____ State _____ Zip Code _____

Lives with both parents () Mother () Father () other () Church Affiliation _____

Mother's Information

Mothers Name _____ Cell Phone # _____ Home Phone # _____
If different then cell phone number

Home Address if different than student _____

Email Address _____ Occupation _____

Business phone # _____ Business Address _____

Father's Information

Fathers Name _____ Cell Phone # _____ Home Phone # _____
If different then cell phone number

Home Address if different than student _____

Email Address _____ Occupation _____

Business Phone # _____ Business Address _____

Emergency Contact Information

TWO LOCAL PERSONS FROM SEPARATE HOUSEHOLDS. OTHER THAN PARENTS/GUARDIANS. TO BE CONTACTED IN CASE OR AN EMERGENCY

1. Name _____ Relationship to Child _____
First Last

Cell Ph. _____ Work Ph. _____ Home Ph. _____

2. Name _____ Relationship to Child _____
First Last

Cell Ph. _____ Work Ph. _____ Home Ph. _____

Doctor's Name _____ Phone # _____

AUTHORIZATION TO PICK UP

I (or we) hereby authorize the following person(s) to pick up _____ from school.
(Child's name)

Table with 4 columns: Name, Phone #, Name, Phone #. Three rows for authorization.

I here do authorize employees of Cross of Hope Preschool to contact directly the persons named on this form, and do authorize the named physicians and his associates to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event that parents or guardian, other persons named on this form cannot be reached, the Cross of Hope Preschool staff is hereby authorized to take whatever action is deemed necessary in the judgment for the health of foresaid child.

I HAVE READ THIS FORM AND AGREE TO THE STATEMENT AS IT IS WRITTEN

X _____ Date: _____

IMPORTANT HEALTH INFORMATION

Allergies _____

Health/Medical Conditions _____

Is your child currently receiving therapy for any learning/speech/physical need? () Yes () No

If yes please explain _____

Has your child attended any previous preschool or daycare? () Yes () No

If yes where? _____

FAMILY INFORMATION

Name and ages of other children living in household

Name _____ Age _____ Name _____ Age _____
Name _____ Age _____ Name _____ Age _____
Name _____ Age _____ Name _____ Age _____

MEDICAL RELEASE

I (or we) hereby assume all responsibility for any and all costs involved in taking _____ (Child's name)

to the hospital, clinic or physician in an emergency. I (or we) hereby grant permission for any emergency first aid in the event of sickness or injury and release Cross of Hope Preschool from any liability.

Parent(s) or Guardian Signature _____

Date _____

Does your child have any siblings who have attended Cross of Hope Preschool? () Yes () No

If yes Child's/Children's name/s _____

2020-2021 School Year Fees:

\$200.00 Registration fee (due at time of registration and non-refundable cash or check)

3's tuition T/Th 8:30-12:30	\$2,300/year or 10 monthly payments of \$230
3's tuition T/Th 8:30-3:30	\$3,800/year or 10 monthly payments of \$380
4's tuition M/W/F 8:30-12:30	\$3,000/year or 10 monthly payments of \$300
4's tuition M/W/F 8:30-3:30	\$5,000/year or 10 monthly payments of \$500
4's tuition Two days a week 8:30-12:30	\$2,300/year or 10 monthly payments of \$230
4's tuition Two days a week 8:30-3:30	\$3,800/year or 10 monthly payments of \$380
4's Three days a week 8:30-12:30	\$3,000/year or 10 monthly payments of \$300
4's Three days a week 8:30-3:30	\$5,000/year or 10 monthly payments of \$500
4's Four days a week 8:30-12:30	\$4,000/year or 10 monthly payments of \$400
4's Four days a week 8:30-3:30	\$6,000/year or 10 monthly payments of \$600
4's tuition M-F 8:30-12:30	\$5,000/year or 10 monthly payments of \$500
4's tuition M-F 8:30-3:30	\$6,800/year or 10 monthly payments of \$680

Before School Care AM 8:00-8:30 \$6/a day or drop in rate \$10/hour

Tuition can be paid in full to COHPS today, full payment through FACTS Tuition Management in July, Two semester payments half in July and half in January with a \$10.00 annual FACTS enrollment fee or in ten equal monthly payments through FACTS Tuition Management July 2020-April 2021 with a \$45.00 enrollment fee to FACTS. Payments through FACTS can be made on the 5th or 20th of every month.

Thirty days written notice or one month's tuition is required for withdrawal.

For office use only:

Birth Certificate Date Received _____ (due at registration)
Immunizations Date Received _____ (due at registration)

Date Enrolled _____ Registration Fee: \$ _____ Ck. # _____

Withdrawal Date _____ Refund \$ _____ Ck. # _____

